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COMMISSION OF INQUIRY
INTO THE
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE
SUR L'USAGE DES DROGUES
A DES FINS NON MEDICALES

November 1, 1969
City Hall,
Council Chambers,
Victoria, British Columbia

1 COMMISSION OF INQUIRY
2 INTO THE
3 NON-MEDICAL USE OF DRUGS

4 COMMISSION D'ENQUETE
5 SUR L'USAGE DES DROGUES
6 A DES FINS NON MEDICALES

7 BEFORE:

8 Gerald LeDain, Chairman,
9 Ian Campbell, Member,
10 J. Peter Stein, Member,
11 H. E. Lehmann, M.D., Member,
12 James J. Moore, Executive Secretary,
13 Marie-Andree Bertrand, Member.

14 COUNSEL:

15 J. Bowlby, Q.C., Counsel for the Commission

16 RESEARCH:

17 Dr. Ralph Miller.

18 SECRETARY TO THE CHAIRMAN:

19 Vivian Luscombe.

20
21
22 November 1st, 1969
23 New City Hall
24 VICTORIA, B.C.

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1 ---Upon commencing at 10 a.m.

2 THE CHAIRMAN: Ladies and gentlemen,
3 I call this hearing of the Commission of Inquiry
4 into the non-medical use of drugs to order and welcome
5 you here today, and thank you for receiving us here.
6 I would just like to first introduce the members of
7 the Commission and our staff. On my far right,
8 Dean Ian Campbell of Montreal; on my immediate right,
9 Dr. Heinz Lehmann of Montreal. I am Dean LeDain,
10 and on my left, Mr. James Moore, Executive Secretary
11 of the Commission, and on Mr. Moore's left, Professor
12 Marie Bertrand of Montreal, and on Miss Bertrand's
13 left, Mr. J. Peter Stein of Vancouver. And our
14 staff, Mr. John Bowlby, Q.C., our Legal Counsel; in
15 the centre at the table on the left, Dr. Ralph
16 Miller, Research Associate. And on his far left,
17 Mrs. Vivian Luscombe, my Secretary to the Commission.
18 Mr. Doyland, our Office Manager, is here.

19 Now, I assume you had some information
20 and
21 from the newspapers/from other media in this city about the
22 Commission and our task, but a few statements may be
23 helpful today before we hear briefs.

24 THE PUBLIC: Excuse me, we are having
25 problems with the volume down here.

26 THE CHAIRMAN: Excuse me. You can't
27 hear? Is that better?

28 A few words of background about the
29 Commission and its task before we hear briefs this
30 morning.

The Commission was appointed as an

1 independent Commission of Inquiry by the federal
2 government at the end of May this year upon the
3 recommendation of The Honourable John Munro, Minister
4 of National Health and Welfare, and it is required
5 to make a final report within two years of its
6 appointment and an interim report within six months,
7 which means that we must make an interim report
8 towards the end of this year. We have conducted one
9 series of public hearings in Toronto and we just
10 concluded two days in Vancouver. We plan to go to
11 Montreal, Winnipeg and Ottawa before we write our
12 interim report, so that impressions that we are
13 receiving from these initial hearings are very
14 important for purposes of our interim report.

15 The concern which led to the appoint-
16 ment of the Commission was expressed in the Order-
17 in-Council in the following words, "There is growing
18 concern in Canada about the non-medical use of
19 certain drugs and substances, particularly those
20 having sedative, stimulant, tranquillizing, or
21 hallucinogenic properties, and the effect of such
22 use on the individual and the social implications
23 thereof." Within recent years there has developed
24 also the practice of inhaling of the fumes of certain
25 solvents having an hallucinogenic effect and resulting
26 in serious physical damage and a number of deaths,
27 such solvents being found in certain household
28 substances. Despite warnings and considerable publicity
29 this practice has developed among young people and
30 can be said to be related to the use of drugs for other

1 than medical purposes. Certain of these drugs and
2 substances, including lysergic acid (LSD), metham-
3 phetamines, commonly referred to as "speed"; and
4 certain others have been made the subject of con-
5 trolling or prohibiting legislation under The Food
6 and Drug Act, and cannabis (marihuana) has been a
7 substance, the possession of or trafficking of which
8 has been prohibited under The Narcotic Control Act.
9 Notwithstanding these measures and the competent
10 enforcement thereof of the R.C.M. police and the
11 other enforcement bodies, the possession of these
12 substances for non-medical purposes has in-
13 creased, and the need for the investigation as to the
14 cause of such increasing use has become imperative.

15 Would those who are standing like to
16 come and sit down? There is room over here. There
17 are a lot of seats over here. Please come and take
18 a seat.

19 In announcing the Commission's appoint-
20 ment, the Minister of National Health and Welfare
21 spoke of the great concern felt by the government
22 of the outstanding proportions of drugs for non-
23 medical purposes.

24 Now, the Commission is asked to in-
25 vestigate the non-medical use of psychotropic drugs
26 and they mention specifically sedatives, stimulants,
27 tranquillizers and hallucinogens. We understand "drug"
28 to mean any substance which chemically alters structure
29 or function in the living organism and psychotropic
30 drugs, those which alter sensation, feeling, consciousness,

1 and psychological or behavioural functions. And
2 we have tentatively defined "medical use" in terms
3 of generally accepted medical practice, whether
4 there is -- whether under medical supervision or not.
5 All other uses are "non-medical use". Prescription
6 does not distinguish medical from non-medical use,
7 for example, a non-prescription drug like aspirin
8 might be taken for medical use or a prescription
9 drug might be taken for generally accepted medical
10 reasons and then no longer required.

11 The Commission is invited by its
12 terms of reference to marshal ^{the} present fund of
13 knowledge concerning the non-medical use of sedative,
14 stimulant, tranquillizing, hallucinogenic and other
15 psychotropic drugs or substances, but in view of
16 the time or deadlines which I referred to, we have to
17 be selective and we have to consider the principal
18 issues, what appear to be the principal issues which
19 led to our appointment. However, I should say that
20 our mind is open on this and where our priorities
21 should be, and we are getting impressions on this
22 question from our hearings, and we welcome any advice
23 to us on that. But at the moment, I want to disclose
24 to you how we see it in terms of emphasis and priority.
25 At the moment, we are of the initial impression that
26 our primary focus must be on the non-medical
27 use of drugs by youth and by adults as it relates to
28 or affects the use of drugs by youth. We have drawn
29 up a classification, a preliminary classification
30 of the psychoactive drugs, of eight categories.

1 I won't read them all. They are somewhat technical,
2 but I would say, where we think the primary emphasis
3 should be. First of all, on the psychedelic, hallu-
4 cinogenic category, which includes cannabis, mari-
5 huana and hashish, LSD and mescaline, and other so-
6 called restricted drugs under Schedule J of The Food
7 and Drug Act, D.M.T., and so on. The second cate-
8 gory for emphasis, stimulants, including such am-
9 phetamines as benzedrine and methedrine, generally
10 referred to as "speed". The third category emphasis,
11 the volatile solvents and gases often referred to
12 as delirients; which are glue, nail polish remover, and
13 paint thinner. And fourthly, the sedative hypnotics
14 such as the barbituates used as sleeping pills, the
15 minor tranquillizers and ethyl alcohol. We find
16 fifthly, the opiate narcotics, such as heroin.

17 Now, alcohol and nicotine are clearly
18 mood-modifying drugs used for non-medical reasons,
19 and therefore, within our terms of reference. How-
20 ever, the Commission could not possibly perform its
21 task if it were required to consider the extensive
22 research on these substances, that is, alcohol and
23 nicotine. A realistic view compels the Commission
24 to regard the non-medical use of alcohol and nicotine
25 in their relation to the non-medical use of other
26 psychotropic drugs. This is also the Commission's
27 position, at least, initially, on the non-medical
28 use of the opiate narcotics such as heroin. Now,
29 we have been impressed by the emphasis which has
30 been placed in the hearings in Vancouver on heroin

1 and its alleged relationship to the soft-drug use
2 and I am frank to say that we have the impression
3 that the concentration of heroin -- heroin population,
4 the size of the heroin addict population in British
5 Columbia may in fact constitute a special character-
6 istic, or circumstance of drug use in this province
7 which we should -- to which we should give some
8 special attention, so I don't want to convey the
9 impression that we do not attach importance to this.
10 But we had thought that it is -- for our purposes
11 its significance would be in relation to the
12 soft-drugs, but heroin is not excluded from our
13 terms of reference because it too has psychotropic
14 properties.

15 Now, these so-called hard drugs are
16 not excluded, but as with alcohol and nicotine, the
17 Commission cannot hope to do justice to the extensive
18 literature on the subject. The hard drugs are
19 therefore to be examined in their proper relation-
20 ship with the non-medical use of soft-drugs. Two
21 contentions brought to the Commission's attention
22 may illustrate what is meant by relationship to the
23 non-medical use of soft-drugs. The first contention
24 is that extensive social use of alcohol not only
25 creates a permissive climate of drug use, but also
26 reflects a provocative justice and even hypocrisy
27 in our legislative and law-enforcement attitudes.
28 The second contention is that the use of certain
29 soft drugs like cannabis (marihuana) leads very often
30 but not generally to hard drug addiction. One of the

1 issues of this inquiry, the Commission must in-
2 vestigate the extent of the non-medical use of mood-
3 modifying drugs in Canada. That means the pattern
4 of drug use, the drugs in various groups or popu-
5 lations involved according to age, occupation, etc.,
6 the movement from one drug to another. The Commission
7 must investigate physical and psychological effects
8 of these drugs, effects on behaviour of the individual
9 concerned, effects on others and effects on society.

10 Finally, and by no means least im-
11 portant, the Commission must investigate the reason
12 for the non-medical use of drugs, not only the
13 personal reasons or motivation, but the social,
14 educational, economic, philosophical, and other
15 reasons. In other words, what is the meaning or
16 larger significance of this phenomenon? What is the
17 true nature of the challenge it presents to our
18 civilization? We have accepted a very difficult
19 task and we need your help and it is imperative
20 that we have the views of as many Canadians as
21 possible. This is not solely a type of question
22 for experts. It is a broad social issue going to
23 the very nature of human existence in our time. It
24 is a question to which everyone can contribute a
25 measure of insight and wisdom, and for this reason
26 we -- the form we have adopted in our hearings; we
27 want to have as much general discussion as possible.
28 It is not necessary to have formal written briefs.
29 We welcome informal oral submissions and we want you--
30 everyone to feel free at least to contribute to the

1 general discussion, and this is what has happened
2 in our hearings so far, so we feel that people
3 are responding to this opportunity to express their
4 views and assist us.

5 Now, our program -- that is, our
6 schedule of briefs this morning is as follows:
7 First, I am going to call Mr. E. G. Callbeck,
8 Co-ordinator of the Special Education Services
9 of the Board of School Trustees of Greater Victoria
10 and you will afterwards hear Mr. Clarkson of the
11 Greater Victoria Alcoholism Association, and Charles
12 Barber, Director of the Victoria Youth Project
13 and there will be a film. That is what we contemplate
14 as our schedule of briefs for the morning. We will
15 adjourn at 12:30 and we will continue afterwards,
16 general discussion.

17 The procedure we have adopted is,
18 we hear the brief and then we question and invite
19 questions and comments from everyone present. We
20 find that is a better way to proceed rather than to
21 interrupt the presentation of the briefs.

22 There will be more briefs in the
23 afternoon.

24 Thank you. Now I call upon Mr. Call-
25 beck, Co-ordinator of the Special Educational Services
26 of the Greater Victoria School Board.

27 Would you be seated please.

28 There are six ladies also from Port
29 Alberni who are going to present a brief. I think
30 they will be, probably, called upon this afternoon

1 with the others we will announce later.

2 Mr. Callbeck?

3 MR. CALLBECK: Mr. Chairman, members
4 of the Commission, if I may just make a preliminary
5 statement or two setting out the perimeters of my
6 understanding of the submission being made this
7 morning. Number one, I would like to correct one
8 statement that appeared in a letter which I got from
9 Mr. Moore stating that it was the brief of this
10 Board of School Trustees. I would just like to
11 correct this in the sense that the Board of School
12 Trustees have not submitted this brief. It is true
13 I am employed by the Board of School Trustees of
14 Greater Victoria, but I do not feel that I can
15 speak for them without their first having an oppor-
16 tunity of going through this, so that in this sense
17 it is a personal brief, but written from the point
18 of view that I am Director of Special Education.

19 Secondly, the brief was prepared
20 with rather difficult deadlines in mind in light of
21 the date of the receipt of the usual invitation and
22 the fact that I spent Thanksgiving Weekend preparing
23 it and then had it typed and sent into you without
24 sufficient proofreading. When I returned to this
25 city and did my own proofreading I had additional
26 copies made and these were distributed to you this
27 morning, I believe, by Mr. Moore so that you have
28 an updated or corrected copy of the brief. And thirdly,
29 your initial letter in the brief said that we would
30 not be asked to read the brief -- I have no objection

1 to this -- that we would not be asked to read the
2 brief but merely to present it orally after having
3 it presented to you; now, whichever you choose.

4 THE CHAIRMAN: Well, I think,
5 Mr. Callbeck, I think what we had in mind was
6 anticipating some pressures of time, but we would
7 invite those who are presenting a brief to summarize
8 the brief, but I think that for the benefit of
9 those present, I think you should take the time you
10 should require to set this brief out. I don't feel
11 the sense of rush this morning so if you would like
12 to read it, sir, you can go ahead and do so.

13 MR. CALLBECK: Thank you, I will do
14 so then.

15 The letter accompanying the sub-
16 mission of this brief explains the conflict of
17 times between the date of submission of this and
18 the date of the hearing in Victoria. Compounding
19 the problem was the delay in receipt of the invitation
20 to submit a brief for consideration at this hearing.
21 Both of these points have been detailed in the letter
22 and will therefore not be repeated here.

23 This brief proposes to examine six
24 areas: One, an estimate of the current situation
25 locally; two, some comment on the current state of
26 knowledge; three, comment on the informational
27 approach to prevention of drug abuse; and four, some
28 personal opinions concerning the basic causes of
29 the phenomenon; and five, some suggested approaches
30 for drug abuse prevention; and six, some sources of

1 data and information which may be worth investigating
2 by the Commission of Inquiry.

3 First, the current situation: a
4 personal opinion supported by discussion with the
5 police and this includes our R.C.M.P. Drug Squad;
6 this includes our local Youth Detail men, local
7 leaders of the Cool-Aid organization, including
8 Mr. Charles Barber, Mr. Dave Brand of the local Cool-
9 Aid , with young people themselves who have
10 had opportunity to meet in the school situation, and
11 outside the school situation, but still within the
12 school -- general school structure, and with school
13 counsellors who are working in the high schools and
14 the junior secondary schools. My opinion would be
15 that certain types of drug abuse have hit their peak
16 and are somewhat on the wane in Victoria at the
17 present moment, certain types of drug abuse. I refer
18 specifically to the practice of glue sniffing and
19 the use of LSD. And now I am talking about glue
20 sniffing as it occurred a year ago and a year and
21 a half ago in relation to the city of Victoria,
22 discussion with police officers and with the school
23 counsellors and so on have indicated that this has
24 hit a peak and is very definitely on the wane as
25 far as the young people in our upper elementary
26 grades and junior secondary grades is concerned.
27 With respect to LSD, I think probably the next
28 sentence will explain it. The proven physical and
29 psychological dangers associated with these two
30 drugs have gotten through to young people to the point

1 that most of them are not prepared to expose
2 themselves to the dangers involved. This observation
3 relative to LSD may not be true of youth in their
4 late teens and early twenties, which again does
5 not affect the senior secondary school situation.
6 However, in the junior and senior secondary schools
7 I had some encouraging indication that there has
8 been a drop in the willingness of youth to expose
9 themselves to the dangers involved. The use of
10 marihuana and some of the obtainable drugs and
11 narcotics is quite another story. In the case of
12 marihuana I believe that a conservative estimate
13 would be that about 20 per cent of our teenage
14 youth use it periodically. Now, I use the word
15 "estimate" here only because the one case -- the one
16 attempt made to do a fairly accurate survey; the
17 results have not been available to us as of this
18 date. I was in touch with Vancouver as late as
19 yesterday to try and see if we could get the final
20 results, but the indication I have from Vancouver
21 is the report relative to our school district, which
22 show that between 22 and 23 percent of the children
23 and the young people in the secondary schools in
24 this school district have had exposure either on
25 a one-time basis or more frequently to the use of
26 marihuana. Approximately 10 percent -- and this I
27 haven't a survey for, approximately 10
28 per cent I would estimate to be average drug users,
29 that is, those who use it on occasion and more
30 frequently. In the case of drugs classed as quasi-stimulan

1 amphetamines, detroamphetamines, and
2 metamphetamines, "pep pills" and bennies and speed a
3 there is a continuing tendency to experiment with
4 these drugs. The same might be said to a considerably
5 lesser extent in the case of drugs classed as sedatives.
6 The short acting barbiturates such as phentobarbital
7 and secobarbital , commonly known as "barbs"
8 and goof balls. These are the favourite drugs in this
9 classification. There is little doubt that the
10 dropping or swallowing of these drugs is dangerous
11 when not under medical supervision. However, the
12 practice of injecting certain of these drugs
13 produces the triple danger of overdose, unsanitary
14 instruments and the dangers of air-bubble injection
15 by someone who does not know what they are doing.
16 And there is evidence that some of the young people
17 of Victoria are physiologically dependent on these
18 drugs; the percentage involved who are physiologically
19 dependent would be quite low. I would estimate in
20 the range of about one to two per cent. The narcotics
21 are not a serious problem with the young people of
22 this city. There is some evidence that a very small
23 group of late teenagers have become heroin users.
24 However, the fact that Victoria has not previously
25 been a profitable market for pushers merely indicates
26 should
27 that/such a market could develop, Victoria could very
28 quickly be faced with this serious problem. Something
29 about the current state of knowledge: With the
30 onset of the drug abuse phenomenon there was such a
derth of knowledge through research that the argument

1 that drug usage created little problem to the
2 user and no problem to the community was hard to
3 combat. Since we seem to be a pill-oriented
4 generation we were slow to react with the law
5 to the indiscriminate use of drugs. The effects
6 on the community were usually contrasted to the
7 effects of alcohol usage and the aggressive rowdiness,
8 destructiveness and anti-social behaviour associated
9 with it. By comparison drug abuse presented very
10 little problem to the community. It is only
11 widening the credibility gap between the generations
12 to evoke such arguments as it is against the law, or
13 to present facts which lack the basis of planned
14 research. Most so-called facts are presented in
15 so many conflicting ways that the only result is
16 contradiction and doubt about the authenticity of
17 any research. From my experience with the youth
18 of today the suspicion that a prejudiced point of
19 view is likely to be presented only serves to build
20 resistance not only to the arguments but also toward
21 the principles being argued. In the case of the
22 narcotics the evidence is pretty well all in: These
23 drugs, derivatives of opium are proven addictives.
24 The body builds a tolerance, it requires larger and
25 larger doses and produces a withdrawal sickness
26 which can only be assuaged through the administration
27 of another fix. In addition to physical dependence
28 there is another kind of drive which requires
29 satisfaction. This is called psychological dependence.
30 Efforts today are chiefly directed towards rehabili-

1 | tation of addicts. A number of approaches are
2 | currently being tested, including physical, mental,
3 | emotional, social and vocational re-building of the
4 | addict. However, as long as these narcotics remain
5 | a lucrative though illicit business the flow of
6 | new addicts will maintain. There is a great need
7 | for rigid control of the import and distribution
8 | of narcotics and for increased treatment. Ampheta-
9 | mines and barbiturates are a part of our modern
10 | medical scene. Their effects are known and they
11 | can be accurately predicted. In the hands of a
12 | physician both serve a useful purpose. It is
13 | through the non-medical use of these drugs wherein
14 | the danger lies. It may be that doctors are too
15 | prone to prescribe these drugs for reasons which
16 | may be questioned. The use of amphetamines to curb
17 | appetite in weight reducing programs or the use
18 | of barbiturates to induce sleep in mid cases of
19 | insomnia are examples of question-- in my mind, of
20 | questionable prescriptive use. There is hardly a
21 | home which does not have a supply of either or both
22 | in its medicine chest. Both the amphetamines and
23 | the barbiturates are much too risky for self-
24 | medication. The amphetamines, because of the ease
25 | with which they may be obtained are self-administered
26 | and therefore abused by all kinds-- for all kinds of
27 | unjustifiable reasons; they are used for the supreme
28 | effort in athletics, to keep awake on tiring drives,
29 | to keep active in cramming for examinations, and
30 | just for kicks. Although these stimulant drugs are

1 generally swallowed in the pill form, they can
2 be injected or "main-lined" in the liquid form.
3 And this other sentence, I have already covered.

4 The barbiturates are dangerous
5 because they are physically addicting. The body also
6 builds a tolerance to the barbiturates and therefore
7 requires increasingly larger doses to produce the
8 same effect. Withdrawal from the barbiturates is
9 painful and prolonged. Either of these drugs is
10 easily obtained legally. There is an increased
11 danger here because there is absolutely no control
12 over the adulterants which may be added to make the
13 pill effective.

14 Lysergic acid diethylamide (LSD) has
15 a fairly recent origin. Though this developed in
16 1938 from one of the ergot alkaloids it was not well
17 enough known except in the laboratories for general
18 experimentation. Unfortunately, this experimentation
19 escaped the confines of the laboratory and since LSD
20 could easily be made, there was a rapid expansion of
21 its availability. What is little known is the fact
22 that a speck of LSD the size of a speck of dust
23 which floats in a ray of sunshine has an effect on
24 the body which lasts anywhere from eight to ten
25 hours. Dosage control among young people is
26 almost impossible. They are completely at the
27 mercy of the source of supply. The unpredictability
28 of the effects of LSD on different individuals
29 makes it an extremely dangerous chemical for young
30 people to experiment with. Exactly how LSD works

1 in the human body is not yet known. The theory
2 most generally accepted by researchers at this
3 time is that it produces changes in certain chemicals
4 in the brain which affect the brain's electrical
5 activity. Some research experiments tend to
6 suggest that the brain's normal filtering and
7 screening out process is impaired by LSD and the
8 resultant overload of stimuli to the senses produces
9 the hallucinations and the bizarre experiences.
10 Medical and psychiatric reports on the effects of
11 LSD suggest that a wide range of physical and
12 emotional dangers may accompany the use of this
13 hallucinogen. Some of these include panic, para-
14 noia, unpredictable recurrence of experience or "trip,"
15 a change in mental attitudes and values and some
16 evidence of chromosomal damage which may cause
17 birth defects in the offspring of the user -- some
18 evidence which may cause birth defects.

19 In the case of marihuana, medical
20 science does not yet know the full story. I emphasize
21 this fact. It is only recently -- 1967 to be exact,
22 that the active ingredient tetrahydrocannabinol has
23 been produced in true form. Incidentally, this was
24 done under a grant from the United States Drug
25 Administration to a research laboratory in Israel
26 which first developed a synthetized form of tetra-
27 hydrocannabinol in 1967. Researchers just now are
28 beginning to synthetize this chemical and use it
29 to study its short and long term effects. Based on
30 present knowledge we know that marihuana is not

1 physically addictive -- based on present knowledge --
2 in that the body does not become dependent on
3 continuing use of the drug. The body does not
4 develop a tolerance and there is no withdrawal
5 effect. However, psychological dependence may
6 develop through the need of an individual to ex-
7 perience euphoria or a high in order to recapture
8 the feeling of adequacy and confidence accompanying
9 its use. Whether or not use of marihuana leads
10 to the use of harder drugs is open to question.
11 One established bit of evidence gleaned from nar-
12 cotic addicts -- incidentally, this is a study done
13 in New York City -- is the fact that in 1967 in a
14 study of a large sample of cases, over 80 per cent
15 of the heroin users had previously used marihuana.
16 However, if I may interject here, I suspect that
17 there is a third factor that most people are not
18 looking at, and the factor is this: that you can-
19 not conclude that one necessarily leads to the
20 other. There is a third conclusion that you can
21 make, that one -- the person who is prone to use
22 the one may easily be prone to use the other.
23 But one does not necessarily lead to the other.
24 Although this does not establish a direct relation-
25 ship between marihuana use and narcotic addiction
26 the ratio in this particular survey is uncomfortably
27 high. This argument does not presume to state,
28 however, that any great number who use marihuana
29 are likely to go on to harder drugs. It merely
30 suggests that some people, probably a small per-

1 centage, who are predisposed to use marihuana
2 may likely be predisposed to abuse the harder
3 drugs.
4

5 Young people are presuming too
6 much when they conclude that the failure of
7 researchers to establish immediate or long term
8 harmful effects is indicative that there are no
9 harmful effects related to the use of marihuana.
10 They are also in error when they suggest that
11 since marihuana is no more harmful, if as harmful
12 as tobacco or alcohol, it should therefore be
13 socially acceptable. Two wrongs do not necessarily
14 make a right. The real question is whether or
15 not our society can afford to legalize another
16 vice in addition to the two which we already condone,
17 Here, of course, is some basis of the so-called
18 generation gap because the youth of today would
19 not agree that the two vices which we do condone
20 are to be accepted socially and the third one
21 not accepted socially. Young people argue that
22 the legal prohibition of marihuana is unjustified,
23 particularly when the older generation see fit
24 to legally recognize other drugs such as tobacco
25 and alcohol, which are recognized as physically
26 harmful, perhaps even more harmful than marihuana.
27 The "do as I say, not as I do" attitude of the
28 older generation only serves to increase the
29 credibility gap between the generations.
30

 It is interesting to me that there
are a succession of arrests made for drunken driving,

1 for crimes committed while under the influence
2 of alcohol, for acts of drunken violence, but I
3 have yet to hear of a single case of arrest here
4 in Victoria for driving while under the influence
5 of marihuana, or for crimes committed while on
6 a marihuana "high". Aside from the legal stigma
7 attached to possession or sale of marihuana, there
8 are some perfectly valid reasons for recommending
9 that young people do not become involved with
10 this drug. One such reason is that the research
11 is far from complete at this time. We do not
12 know at this point in time just how the drug works
13 in the body or how it produces its effects. We
14 can report on the obvious physical reactions, -
15 rapid heartbeat, lowering of body temperature and
16 some reddening of the eyes. We also know that the
17 body becomes dehydrated and that there are changes
18 in the blood sugar levels. We know this about
19 marihuana. We know something as well about the
20 mild hallucinogenic effect and the resultant
21 temporary loss -- temporary loss of physical co-
22 ordination. However, except in the case of large
23 doses of the synthetized active ingredient tetra-
24 hydrocannabinol, we cannot say that moderate use
25 of the drug is harmful.

26 I would like to go on now to the
27 informational or factual approach to drug abuse
28 and prevention.

29 In the case of narcotics -- of the
30 narcotics, the amphetamines, the barbiturates and

1 LSD, a factual or informational approach to
2 drug education has considerable justification.
3 However, in my opinion, it is not a question of
4 whether or not it should be done as it is a
5 question of how it should be done. If the approach
6 used is regarded with suspicion by youth, or if
7 the presentation fails to take into account the
8 ability of young people to draw conclusions and to
9 make valid judgments, there is danger of doing
10 more harm than good.

11 Some forty years ago, and I happened
12 to be involved in part of this, some forty years
13 ago we mounted a prolonged educational program
14 against the use of tobacco. How successful was that
15 program? Did it really deter anyone from developing
16 the cigarette habit? Shortly thereafter each pro-
17 vincial curriculum included a health section on the
18 harmful effects of alcohol. How many of us refuse
19 a cocktail because of this childhood educational
20 program? And how many of us -- excuse me, and what
21 is the value of such a program which is doomed
22 to defeat when it is followed by a lifetime of
23 suggestive advertising which portrays smoking and
24 alcohol consumption as the "in" thing, the mark
25 of social success? The man of distinction bit.
26 Our "forked tongued" approach to most of our
27 social problems is one of the main reasons that
28 young people regard our motives with suspicion.
29 Until we are intellectually honest in dealing with
30 our social problems, we cannot expect the respect

1 of a generation that has been educated to question
2 the foundations of our social and moral structure.

3 Give young people the facts, yes,
4 but don't attempt the propoganda approach as a
5 vehicle for presenting these facts. An educational
6 approach that involves youth, and an educational
7 approach which is based on knowledge rather than on
8 myth is the only way that young people will accord
9 credibility to our attempts to disseminate knowledge
10 about drugs.

11 Education about marihuana must be
12 treated separately. To lump it in with the other
13 drugs and condemn it for the same reasons will be
14 detrimental to both. The use of marihuana is
15 primarily peculiar to the youth of today, in spite
16 of some of the reports that you got yesterday. It
17 is their "thing", it is part of their scene, and
18 one of the areas which separates the generations.
19 For a teacher, a lawyer, a doctor, a policeman, or
20 anyone else to condemn marihuana using arguments
21 based on ignorance only proves a prejudiced view.
22 Young people are not gullible. Intellectual honesty
23 is absolutely imperative. Youth can produce intel-
24 lectually honest arguments which are difficult to
25 challenge, much to the discomfort and sometimes
26 the embarrassment of the educator who speaks without
27 knowledge and/or experience.

28 I would like to move on to some
29 ideas concerning basic causes of the phenomenon.
30 I am going to be sticking my neck out a little bit

1 here, but I think that I can justify most of
2 what I say.

3 I have a number of ideas concerning
4 some of the basic causes of the drug phenomena
5 among youth today. An obvious approach might be
6 to suggest that youth itself could supply these
7 answers. This I doubt. I am reasonably sure that
8 they themselves do not understand the driving
9 forces which cause them to act the way -- as the
10 any more than we understand many of the forces which
11 cause us to act as we do. If a lifetime of associ-
12 ation with youth and their problems, if a mind
13 which, in spite of its physical years, is more
14 youth oriented than adult oriented, I can feel that
15 these are valid reasons. I am presenting them for
16 consideration and the reasons are many and varied.

17 First, a prime reason is because of
18 a sociological phenomenon which has been growing
19 over the last few generations but which has climaxed
20 in the present generation. This is the over-in-
21 dulgence of children and youth. They have been
22 "spoon-fed" both at home and at school. They have
23 never been expected to assume responsibility. The
24 adult world has expected less and less of them -
25 they are people without specific tasks, duties and/or
26 involvement.

27 The second cause is a reaction to
28 the first. There is a rebellion against authority,
29 whether parental or legal. Drugs may be used
30 because they are illegal, because their use is

1 unacceptable to parents and to the adult society
2 generally. In other words, it is a reactionary
3 type of thing.

4 Third: Youth is a time of curiosity,
5 self-exploration; the desire to understand self.
6 It is a quest for philosophical insights during
7 a period of emotional development. In a drug-
8 oriented society it is not unnatural for youth to
9 turn to drugs for some of the answers to their
10 problems.

11 And fourth, the peer group pressures,
12 - the desire to be accepted and the fear of isolation
13 can prove strong motivation for youth to use drugs.
14 And you can run into that with any non-drinker at
15 a cocktail party.

16 Paragraph (e). Another more obscure
17 reason is the feeling of inadequacy and incompetence
18 youth has to deal with the global questions of today.
19 Any adult who has had association with war knows
20 that the psychological effect of threatened non-
21 existence is a relaxation of inhibitions and a
22 generally lower set of moral and ethical values.
23 The "live for today, for tomorrow we may die" attitude
24 produces acts of violence, sexual promiscuity, and
25 masochistic self-abuse, which are not found in
26 periods of social and economic stability. Although
27 we are not actively engaged in a war as far as
28 Canada is concerned, the development of the instru-
29 ments of war to the point that there is little
30 assurance of a tomorrow has produced a wartime set of

1 moral and ethical values. Drug abuse is merely
2 a more recent aspect of this phenomenon.

3 Next, if educators have been at
4 all successful in attaining one of the generally
5 accepted aims of education, we have inculcated
6 youth with the scientific, questioning approach to
7 any proposition. Experimentation is a process of
8 education. The "learn by doing" philosophy has
9 been well taught. If it leads youth to carry
10 this experimentation into areas which are unaccept-
11 able to adults, perhaps we should re-examine this
12 as a valid aim for education.

13 Next, an adult society which can
14 tolerate double standards may not be tolerable for
15 youth and children. Now can we condemn the abuse
16 of drugs and yet allow a constant barrage of drug
17 advertising to assail our eyes and ears throughout
18 the day and night by all of our communications
19 media. We as adults may detect the difference
20 between false advertising claims and the subtle
21 implication of most advertisements. Is youth
22 sophisticated enough to detect these differences?
23 We may condemn the person who drinks to the point
24 of blackout and yet condone the person who is
25 under the influence of alcohol but maintains a
26 vertical position and a minimal clarity of thought.

27 We are the "instant" society --
28 instant cures, instant pleasures, instant acqui-
29 sitions of both the necessities and the luxuries
30 of life. If adults find problems in adjusting to

1 this kind of thing, how much more is the problem
2 compounded for young people?

3 And finally, when Sir Edmund
4 Hillary was asked why he wanted to scale Mount
5 Everest he replied, "Because it is there". Alcohol
6 and tobacco was there in our youth. How successfully
7 did many of us resist the temptation to experiment
8 with them? Today, drugs are there. Is it unnatural
9 for youth to experiment in the same way that we did
10 with alcohol and tobacco? And would it be unusual
11 if some became addicted in just the same way,
12 that some developed the tobacco habit or became
13 alcoholics in an earlier generation? In short, the
14 drug problem of the youth generation is only a
15 symptom of the much deeper, more pervasive sociolo-
16 gical and physiological problems -- a bigger problem,
17 psychological problems. Here are some suggested
18 approaches: It is not a question of whether we
19 should educate in the use and abuse of drugs, but
20 of how we should offer this education. The emphasis
21 should not be on what to present but rather on how
22 it should be presented. There is little doubt
23 in my mind that as far as the city of Victoria
24 is concerned, there has been some encouraging
25 success in persuading young people that the nar-
26 cotics, the amphetamines, the barbiturates and LSD
27 are dangerously akin to the game of Russian roulette.
28 My contact with youth suggests that except for
29 those who have already developed a physical or
30 psychological addiction, there is a very small

1 percentage of youth becoming involved. Some may
2 argue that we are past the crest of the wave of
3 youthful experimentation and that the lower in-
4 volvement is a natural course of events. I can't
5 argue against a statement such as this because
6 there is no way of knowing what the situation
7 might have been without the educational drive in
8 the schools. However, I suspect that many of
9 today's thinking youth would concede that drug
10 information provided in printed and oral form,
11 has some bearing on the decisions on whether or
12 not they should become involved. We have not
13 succeeded educationally in our attempts to combat
14 the use of marihuana. The prime reason is that
15 our case is simply not strong enough to persuade
16 anyone. The legal aspect is not in itself a
17 valid argument. At one time we had legal pro-
18 hibition of liquour sale and consumption. How
19 successful was that -- bathtub gin , home-
20 brewing, the still, the bootlegging -- these were
21 the clandestine by-products of this kind of
22 legislation. Our government recognized this
23 eventually and tried regulation rather than pro-
24 hibition. Perhaps it is now time that the govern-
25 ment re-examine its policy with respect to mari-
26 huana. Perhaps regulation rather than prohibition
27 is the right approach. In dealing with marihuana
28 I think it is best to deal frankly with youth.
29 We must tell them what we don't know as well as
30 the few facts which we have at our command. We

1 should also inform them that the evidence is
2 not conclusive. Nor is it all in. Research is
3 still going on. The recent synthetizing of tetra-
4 hydrocannabinol has opened up a whole new field
5 of research possibilities. These must be involved
6 in any drug education program which we try to
7 organize. Any rational program cannot be simply
8 directed at students. It must involve them in
9 the same way in which they become involved in any
10 other learning activity. To be effective there
11 must be a balanced presentation of information
12 without overtones of authority. Students will
13 listen more willingly to other students than to
14 teachers on topics of this nature. If the teacher
15 can submerge himself into the group as one merely
16 directing the search for information, the results
17 are likely to be more fruitful. It is important
18 that the community take steps to try to close the
19 generation gap that exists between young people
20 and parents -- between youth and adults. One
21 technique which has been tried with some success
22 is outlined here. This has been tried: young
23 people are grouped with adults in situations
24 where no family relationships between the two
25 groups, and no known friendship relationships,
26 exist, which might prove a threat to either group.
27 In the hands of a capable group leader such
28 encounter groups can prove very revealing to both
29 groups. If rapport can be established the result
30 is usually quite educational. The older generation

1 learns how to understand some of the modern
2 problems facing the youth of today and even gets
3 some insight into the social and psychological
4 implications of these problems. The youth in turn
5 comes closer to understanding the point of view
6 of the adult. Since the adults are usually parents
7 this increases the understanding of the parent for
8 his own children, and since young people all have
9 parents, they gain some insight into the reasons
10 for parental attitudes. Since the group must be
11 relatively small in number to be effective, this
12 pattern must be repeated many hundreds or even
13 thousands of times throughout a city to be effective.
14 It also requires leaders skilled in the technique
15 and parents willing to participate. There is
16 usually little difficulty in getting youth to
17 participate in this type of activity. And in
18 looking around you today, ladies and gentlemen,
19 you will find that you have no problem getting
20 youth involved. It is the adults that you have a
21 problem getting involved.

22 Here are some suggested sources
23 of data and information: the following suggested
24 sources of data and information do not comprise
25 a complete list of such sources. They are listed
26 only because the author of this brief has found
27 these sources able to provide information which is
28 current and significant.

29 In Section A, I merely referred
30 to the survey which was carried out by the Drug

1 Addiction Foundation of British Columbia. Six
2 school districts in British Columbia, one of which
3 was the Greater Victoria School District, were
4 included in this survey. This was made available
5 through a grant from the Narcotics Addiction
6 Foundation of British Columbia. The results of
7 this survey are expected to be released as of this
8 date -- I was promised them for today. It is
9 recommended that the Commission of Inquiry make
10 efforts to obtain the results of this survey.
11 Requests should be made to -- and you have the
12 address there, gentlemen.

13 B. The U.S. Public Health Service
14 Publications -- and could I mention numbers 1827,
15 1828, 1829 and 1830. These are excellent sources
16 of the latest information on the current situation
17 on drug abuse and the latest drug research available.
18 These publications are put out by the U.S. Department
19 of Health Education and Welfare and are available
20 through the Superintendent of Documents in Washing-
21 ton, D.C. That is the U.S. Government Printing
22 Office.

23 And C: The National Institute of
24 Mental Health Centre for studies in narcotics and
25 drug abuse, at Chevy Chase , Maryland. This
26 Centre has the main responsibility for U.S. Federal
27 activities in drug research. The Institute also
28 operates clinical research centres at Lexington,
29 Kentucky, and Fort Worth, Texas. And this Institute
30 is an excellent source of current information on

1 drug research.

2 And two sources of drug information
3 which can effectively be placed in the hands of
4 young people are being used in this school district.
5 One is the publication of Science Research Asso-
6 ciates of Chicago, Illinois. This booklet is
7 entitled "Facts about Narcotics and Other Dangerous
8 Drugs". And the second is the product of a committee
9 of students and guidance counsellors in the Greater
10 Victoria School System -- incidentally, student
11 involvement. And copies of this latter publication
12 will be made available to members of the Commission
13 at the time of the hearing, and I have them here, sir.

14 THE CHAIRMAN: Thank you, Mr. Callbeck.
15 If I may take the time to say so, I must say that
16 the care in preparing this brief does not reflect
17 the short time in which you had to do it, and I
18 would like to express our thanks for the way in which you
19 have given us assistance in this way.

20 Dean Campbell?

21 DEAN CAMPBELL: I wonder if you
22 have noticed, Mr. Callbeck, in periods where there
23 has been a shortage of grass or hash, marihuana
24 or hashish, in the area, has this tended to
25 produce any increase in the use of drugs such as
26 LSD or speed drugs, involved with that
27 shortage?

28 MR. CALLBECK: It is an interesting
29 question but I could honestly not express an opinion
30 on such a question. The only suggestion -- the only

1 real relationship between shortage and usage
2 as it is concerned, is in the price as far as
3 Victoria is concerned. This is what I found. It
4 is interesting, but I couldn't make a statement.

5 THE CHAIRMAN: Professor Bertrand?

6 PROFESSOR BERTRAND: Yes, I must
7 admit that while I really admire the neatness and
8 firmness of this brief, I'm having problems with
9 many, many of the numerous assumptions and assertions
10 which I find in it. And I don't know if it is due
11 to my professional environment -- I feel that we
12 need at least twelve documental assertions to
13 support all this. Moreover, I could give you
14 instances of things that I would like to be supported
15 by fact -- but moreover, there are also positions
16 of which I don't know if you noticed when you wrote
17 them, that perhaps we should turn the other way around.
18 For instance, on page 7, you write: "Young people
19 are presuming too much when they conclude that the
20 failure of researchers to establish immediate or
21 long term harmful effects, is indicative that there
22 are no harmful effects related to the use of mari-
23 huana." Now, you know, in science we have to take
24 this proposition and say "older people are presuming
25 too much when they conclude that the failure of
26 researchers to establish immediate or long term
27 harmful effects is indicative that there are harmful
28 effects related to the use of marihuana".

29 MR. CALLBECK: I think we both take
30 extreme positions.

1 PROFESSOR BERTRAND: I'm only saying
2 that this position in itself cannot stand if you
3 cannot also, or if you cannot deny the alternative.

4 MR. CALLBECK: That is right, you
5 cannot deny the alternative..

6 PROFESSOR BERTRAND: I cannot.
7 Have you established it?

8 THE CHAIRMAN: He agrees with you.
9 Would you like to comment further
10 Miss Bertrand, on the other ---.

11 PROFESSOR BERTRAND: Yes, the facts on
12 for instance, page ---.

13 MR. CALLBECK: May I comment just
14 while you are looking for that one, may I comment
15 on that statement? I think teachers presume too
16 much, I think educators generally presume too much,
17 I think counsellors presume too much when they feel
18 that they have enough evidence to present to young
19 people to warn them against the use of marihuana,
20 that they feel that there is sufficient evidence in
21 to prove that it/ ^{has} harmful effects, etcetera, etcetera.
22 This to me is not an argument which is going to
23 convince young people in any way, so that the
24 reverse of that statement I would apply.

25 PROFESSOR BERTRAND: All right.
26 I'm very glad. Page 2, for instance, regarding
27 the fact that I would have liked to see in this
28 brief to support some of your assertions: "However,
29 in the junior, senior and secondary schools I have
30 some interesting indications that there has been
a drop in the willingness of youth to expose them-

1 selves to the danger involved." Well, perhaps --
2 you have indicated earlier, I think, that some
3 empirical researches have been done and that at
4 the present time they are not available, but ---.

5 MR. CALLBECK: When we were first
6 faced with what we thought was a serious drug
7 situation in the city of Victoria, the Greater
8 Victoria School Board decided that they would like
9 to involve youth into an investigation of the need
10 for drug abuse education or drug education in the
11 school system, and there was a committee of the
12 school board and a committee of the - I beg your
13 pardon, a committee of the school board made up
14 two members of the board, three members of the
15 administration, and six or eight young people who
16 were selected from the schools, not on the basis
17 of academic excellence, social leadership, but
18 specifically selected because they were the people --
19 the young people who were "with it" in the community.
20 They were the young people who were not necessarily
21 social leaders as far as the schools were concerned
22 but young people who could really represent the
23 general cross-section. And I noticed that some
24 of these people over at the university now, are
25 once again coming out leaders in the university in
26 certain areas. These people were brought in, and
27 if was after discussion with the young people that
28 we were involved in the first program in our senior
29 secondary schools in the city. We went much further.
30 We felt that there was no earthly use in presenting

1 a program unless we turned around and tried to
2 evaluate the effectiveness of that program, and
3 the people who could best evaluate its effectiveness
4 were the young people themselves, and so we threw
5 it right back at the young people and said, "How
6 effective? How effective is our program?"

7 PROFESSOR BERTRAND: Perhaps I am
8 just not getting you, but I do not have any in-
9 dication, any measure. How do you measure this
10 difference between sometime ago and now, the
11 willingness -- in the willingness of youth to
12 expose themselves to the dangers involved? I mean
13 how do you suppose that ---.

14 MR. CALLBECK: The only way you
15 could set up a reasonable research would be to do
16 it on a valid research basis. I have merely here
17 expressed an opinion, an opinion based on con-
18 versation with school counsellors, with police,
19 and with groups of students themselves in the group
20 counselling situation in the school.

21 THE CHAIRMAN: Yes. Mr. Stein?

22 MR. STEIN: I think, Mr. Callbeck,
23 that one of the difficulties that probably Professor
24 Bertrand is expressing is one that the Commission
25 in a way brings on by having a need both for as
26 much statistical verification as we can get, but
27 also, I think, most of us realize the need to get
28 what you have given us in the sense of an informed
29 kind of front-line look at the situation. Let me
30 ask you, realizing that you have just been called

1 to task for statistical verification, hoping
2 that you will be willing to respond to my question
3 which is in the realm of a bit of a general query:
4 You have spent a lot of time discussing the need
5 for involvement of youth in education. You have
6 made a very significant proposal, albeit your own
7 personal view regarding the marihuana legislation
8 in which you discussed the possible relevance or
9 the very real importance of considering regulatory
10 rather than the present kind of legislative controls
11 over marihuana. Is it, in your estimation, as im-
12 portant -- perhaps that is the wrong word. How do
13 you visualize this kind of possibility occurring
14 in the present climate where not only youth are
15 given facts
16 often/distorted/and misunderstanding the truth
17 about drugs, but very often the adult population
18 is, as I am sure you are well aware, as hysterical
19 and unaware of the -- of their kind of present
20 factual habit that may exist around marihuana.
21 In other words, have you given any consideration
22 as a private citizen very concerned with education,
23 especially with the input of youth in education
24 to the kind of activity that might have to occur
25 for the adult portion of the community to get
26 further understanding of the -- some of the points
27 that you have raised so that regulation could be
28 considered in an air of reason rather than hysteria?
29 Do I make my question clear?

MR. CALLBECK: Yes, I think you do.

My feeling is that we have taken two -- two positions,

1 the adult position and the position of youth, and
2 we sort of stand or fall, based on that particular
3 position. I think it is only through understanding,
4 understanding and through involvement that we are
5 going to be able to break down these two positive
6 positions. There can be no pulling together until
7 we truthfully understand the point of view of young
8 people, nor can that pulling together come until
9 young people are given an opportunity to understand
10 our point of view, that is, the older adult popu-
11 lation, and I think, I truthfully think that education
12 is the only way of doing this. Now, when I suggested
13 here these encounter groups, this has actually taken
14 place on an experimental basis, and the reactions
15 from parents, the reactions from the parents have all
16 been positive. Now, this is -- when I say all, I am
17 talking about a unanimous feeling of positive reaction
18 to this kind of -- when we did it on an experimental
19 basis, that the parents felt that they had a much
20 greater understanding of the situation, and youth in
21 turn, with a more blase response, felt that they
22 could better see, maybe, the point of view of the
23 adults. But I think until this understanding of the
24 two positions take place, we are not going to be able
25 to change adult opinion. Government reacts to public
26 opinion and public opinion is slow to react until it
27 has a cause, a conviction of the kind of reaction that
28 it wants, and until we can create a society that is --
29 that can accept this kind of a climate, I don't think
30 we can put enough pressure on the government to make a

1 move.

2 PROFESSOR BERTRAND: May I come back
3 for one moment on the fact -- fact finding thing?
4 On page 10, line 2, you say, "The use of marihuana
5 is primarily peculiar to the youth of today." Now,
6 perhaps my understanding of the English language
7 is not very good, but I tend to think that you mean
8 that youth mainly is concerned in "the youth of today"
9 meaning that youth of yesterday was not concerned
10 with drugs. All right. We are gathering more and
11 more evidence as to the fact that the drug problem
12 is not confined to the youth population.

13 MR. CALLBECK: Yes, I made an inter-
14 jection -- I made an interjection when I read that
15 sentence. I said in spite of the evidence you got
16 yesterday, and I am aware of the ---.

17 PROFESSOR BERTRAND: Oh, this is what
18 you mean. All right.

19 THE CHAIRMAN: Excuse me. Mr. Callbeck,
20 you say nothing in your brief about -- perhaps I am
21 wrong, but I have the impression that you say nothing
22 in your brief about the present criminal law treatment
23 of the possession of marihuana as it affects the
24 outlook of youth today, and in speaking about this
25 gap of understanding and speaking about this under-
26 standing that must be developed in any adult popu-
27 lation as to how this problem is regarded from the
28 aspect of youth, what are your own views on that,
29 what -- what do you feel about the criminal law treat-
30 ment of this thing today? Now, you have said you think

1 it should be legalized, but is there an adult --
2 what is the adult's understanding or attitude
3 towards this present treatment of the problem?

4 MR. CALLBECK: As a personal opinion,
5 I would offer this: that the condemnation of
6 young people at the criminal level for the possession
7 of marihuana is a mistake on the part of adults.
8 I feel that if anyone of us, and I particularly
9 include myself, had to face up and be accountable
10 for every action I committed as a youth, and if it
11 was recorded as a criminal offence, the many things
12 that I did as a youth, and if it were held against
13 me as an adult through my life, I would bear a very
14 real grudge against the people who were adults
15 when I was a youth. And I think this needs -- I
16 think this need examination, because I think it is
17 unfair on the part of adults for the youth of today,
18 even though we set it up nominally and we say, "This
19 is the law and this is the way we will handle the
20 situation." Recently in the newspapers, as late as
21 just this last week, there was a bit that came out
22 in the paper that the police of this city were
23 going to crack down on jay-walkers. It so happened
24 that I was early this morning and I was standing
25 on the corner of Douglas and whatever street this is
26 outside and I watched jay-walkers going all across
27 Douglas Street. If there happened to be a policeman
28 handy and you got a ticket, you simply paid your
29 nominal fine and said, "So I was caught, so that's
30 it." You probably jay-walk a dozen times. I don't

1 think there is a driver who drives up a street
2 without one eye on the rear view mirror to see if
3 there is a car with a bubble on the top behind him.
4 This is what keeps you at exactly thirty miles an
5 hour if you keep at that speed. Now, if we were to
6 make this a criminal offence in the sense that
7 everyone, everyone who exceeded a speed limit or
8 jay-walked was branded as a criminal, what just--
9 how long would it last as far as our adult society
10 is concerned?

11 THE CHAIRMAN: Dean Campbell?

12 DEAN CAMPBELL: Just to go a little
13 further with this question of law: Let us suppose
14 that evidence could be found, or is found in the
15 future, that some drug -- let's treat this in the
16 abstract -- some drug has dangerous effects to the
17 physical health of the individual, but there is no
18 evidence that the drug affects the individual in any
19 way that makes him a threat to the safety and
20 well-being of other people. Is it then a proper
21 area in which the law should intervene to prevent
22 the use of that drug?

23 MR. CALLBECK: You have made this
24 judgment already in the case of alcohol and tobacco.

25 DEAN CAMPBELL: I have made no judgment.

26 MR. CALLBECK: I mean society has.
27 Society has made this judgment already.

28 DEAN CAMPBELL: Do you support that
29 judgment?

30 MR. CALLBECK: No, I don't.

1 THE CHAIRMAN: A gentleman here.

2 Would you like to come to the microphone, please?

3 THE PUBLIC: I wonder if I could

4 ask a question. You know, there has been a lot of

5 play of the line of demarcation between age and

6 youth. Well, here I am representing age probably,

7 but I have had no clear-line definition between age

8 and youth. For instance, when I asked my children,

9 my own children, my grandchildren, what is the

10 difference between them and myself insofar as

11 attitudes are concerned, they are unable to give it.

12 Well, if I could -- as I have tried to analyse the
out

13 situation, I throw this/as a challenge, that the only

14 line of demarcation between age and youth as I see

15 it is that there are those who are in charge of the

16 law and in charge of authority, and those who are

17 not. Now, that does not mean people fifty and over

18 that are in charge of the law, the youth are in

19 charge of their own laws because a youth of sixteen

20 and seventeen is an adult to a child of five and

21 sometimes put in authority and have laws to look

22 after them, and I feel that we have to be very, very

23 careful in making a sweeping line of demarcation

24 that all people over twenty or twenty-five years of

25 age have to be looked upon as aged so and so's, and

26 the youth are just innocent youth and they are in

27 a category by themselves. I say a child of nine is

28 an adult to a child of four and when he has that

29 authority he can use that authority in the same way --

30 and if he abuses that authority he is just as guilty --

1 that youth is just as guilty of abusing law as
2 in the law courts.

3 MR. CALLBECK: My own personal
4 definition between age and youth is, if I think
5 of a generation as being twenty-five years, then
6 I say that you and I are approaching the third
7 generation beyond the age of youth.

8 THE CHAIRMAN: Would you please
9 come up and speak close to the mike.

10 THE PUBLIC: I have a question which
11 relates to what you were speaking about, and ---.

12 THE CHAIRMAN: Could you speak a
13 little closer to the microphone?

14 THE PUBLIC: Yes.

15 THE CHAIRMAN: Thank you.

16 THE PUBLIC: You were mentioning
17 about the fact that -- at least Commissioner Campbell
18 was mentioning about the possibility of a drug
19 being discovered; which was harmful to the person
20 using it but not to others. Now, it seems to me
21 that we have just very recently been involved in
22 this. There has been a lot of publicity -- publicity
23 about cyclamates and the general consensus seems to
24 be that even if there is a fairly small risk, that
25 such product should be prohibited from being sold.

26 Now, if this is so, if we should in
27 spite -- for just a small risk, prohibit, say, baby
28 foods with cyclamates in them being sold, then on
29 what basis can we argue for the legalization of
30 marihuana since we do not know, as you have said, and
as others have said, just what its harmful effects

1 may be? I don't really see the difference myself.

2 MR. CALLBECK: I think I do see a
3 difference, if I may just say so. In the case of
4 certain adulterants which can be added to products
5 which we use and we accept the original product
6 because of its value and are not aware of the danger
7 of the adulterant, then I think probably it becomes
8 the duty of those who are overseeing this kind of
9 thing to warn the public of such dangers. For
10 example, I personally am concerned and have been
11 concerned about certain foods which appear on the
12 table which have certain kinds of preservatives in
13 them and my wife looks very carefully at the labels
14 on the bottles of pickles, for example, that she buys
15 to see if the sodium glucomate -- is that what they
16 call it -- is in it, because we have no proof of
17 whether or not this is an accumulative kind of thing
18 in the body, and therefore it is merely self-
19 preservation if you want to be careful in this area.
20 Now, say, if it occurs in foods, and occurs un-
21 obtrusively in foods, then I say there is an area
22 of protection that is needed, but if it is something
23 such as the cigarette or pipe or tobacco or alcohol,
24 then this is a personal decision. But government
25 made
26 has/no decision that they are going to regulate this --
27 regulate, not prohibit, and this is the area I was
28 interested in.

29 THE PUBLIC: If I may just continue
30 for a moment along the same line. The thing that
 I was concerned about -- I am a teacher myself --

1 and, are we to go to the youngsters and say, "Now
2 we do not know whether there is any harm or not",
3 or are we going to say, "There is a possibility of
4 it being harmful." Now if these things are as
5 readily available as, let us say, tobacco, which, I
6 believe it was recommended yesterday -- that mari-
7 huana should be as readily available as tobacco --
8 this means that, in effect, it is available to every
9 youngster because we know that this is available.
10 I am just wondering what your recommendations would
11 be as regards the law. You mentioned it not being
12 criminal, which seems very reasonable, but, do you
13 have some alternative means of controlling this
14 or -- to recommend?

15 MR. CALLBECK: We do have regulatory
16 control on alcohol and tobacco. Now you say it is
17 readily available and I am quite sure the Commission
18 is aware of the fact -- you have probably seen this,
19 that if/look at -- if you look here, you will find
20 that among children, and I am talking about children
21 as low as grade seven, that there is as high as 46.3
22 per cent of these children who have been exposed to
23 alcohol, as high as 37.6 have been exposed to tobacco
24 and so on down the line. Now we have the whole
25 listing of everything right down to opiates here,
26 but the point is this, that with regulation -- with
27 regulation, there is less chance of everybody being
28 involved. We have laws right now with respect to
29 the sale of cigarettes, but I could send a six year
30 old lad into any store up and down the street here

1 now and ask him to get me a package of cigarettes.

2 THE PUBLIC: That is exactly my
3 point.

4 MR. CALLBECK: But that is because
5 the law is not being imposed.

6 THE CHAIRMAN: Yes?

7 MR. STEIN: Well, perhaps, on this
8 point, if I understand your concern, sir, and if I
9 understand the response from Mr. Callbeck, what we
10 are discussing here is the question of something
11 that is referred to as a kind of effective control.
12 A number of youngsters have expressed the view to
13 us that the present situation with all of the drugs,
14 illegal drugs, in fact leads to less control --
15 effective control -- ~~than~~ if they were in some way
16 regulated, and here I think is another part of this --
17 perhaps again I am stating an argument that has been
18 made to us a number of times -- as long as the
19 matter is one that can result in criminal action,
20 the question of discussing the dangers of tobacco,
21 the comparative danger, or the dangers of alcohol,
22 is really much more limited because if the person
23 wants to talk about their own use of the illegal
24 drugs to their teachers, to their parents, to whomever,
25 they are in fact, -- in their mind -- they may be
26 risking what has been described as a "life-term" --
27 a criminal record. So I think that the very difficult
28 question that both of you are trying to set out
29 here is what really is effective control. Your
30 concern, if I understand it, and Mr. Callbeck's concern

1 are quite the same. The question is the method
2 here and -- does that ---

3 MR. CALLBECK: Yes, I think it does.
4 The only difference between a gentleman in the first,
5 second, third or fifth row who has marihuana, and
6 the one who is currently in jail because of possession
7 of marihuana, is the difference of being caught.
8 Both are just as guilty, except the case is that one
9 is caught and the other has not been.

10 THE CHAIRMAN: The gentleman at the
11 microphone.

12 DR. WILSON: I would like to bring
13 up one point very clearly here.

14 MR. CALLBECK: I had hoped that you
15 wouldn't.

16 DR. WILSON: Sorry, Ted. That is,
17 that Commissioner Campbell has set out a very beautiful
18 hypothetical question which has set out this "red
19 herring", but I am suggesting that what he is perhaps
20 in fact inquiring into, is what is the individual's
21 responsibility to society and what is society's
22 responsibility to the individual, and I would question
23 whether in fact this is in the realm of the Commission,
24 if
25 and/so, what can one do about it?

26 DEAN CAMPBELL: The question that I
27 was raising, I suppose, is the question of political
28 philosophy or legal philosophy concerned with the
29 appropriate functions of law within society. The
30 argument that has been made to us very frequently,
both in Vancouver and Toronto, is the argument from

1 John Stuart Mills' essay on liberty. It is a
2 classical argument. I'm sure you know. But the
3 proper function of law is not to protect the
4 individual from himself but to protect the in-
5 dividual from threats made to himself by other
6 parties.

7 DR. WILSON: I believe there is a
8 law about attempted suicide in this country.

9 DEAN CAMPBELL: There is a law, but
10 the question is, should the law --

11 DR. WILSON: The question is, should
12 the law ---

13 DEAN CAMPBELL: The question is,
14 should the law do this?

15 DR. WILSON: And then, of course,
16 we have to go back into the arena of the House of
17 Commons because this is the question which I don't
18 think this Commission, or any ~~commission~~ can resolve.
19 We also have to have an answer -- a question --
20 answer a question of humanitarian concern -- that is,
21 are we people? Are we going to ignore other people
22 destroying themselves? Whether this has to be
23 through a legalistic machinery or not is a very --
24 this is another question. But I don't think in our
25 current rapidly changing society that, in fact, we
26 can continue to ignore the plights of individuals
27 despite what they seem determined, either consciously
28 or unconsciously, to do.

29 MR. CALLBECK: May I interject for
30 just a moment, please? Could I introduce Dr. Wilson,

1 one of our psychiatrists in the city, who is
2 working a great deal with the youth of our city
3 in this particular situation. Thank you.

4 THE CHAIRMAN: Professor Bertrand
5 would like to speak to a point.

6 PROFESSOR BERTRAND: Yes, it is a
7 bit on the letter of obstruction where a philosophy
8 of what has been said, but if we come down, let us
9 say, to the Quimet Report which is just out now.

10 DR. WILSON: I haven't read it.

11 PROFESSOR BERTRAND: Well, to
12 summarize it very shortly, it is also recommended
13 crimes without victims would be subtracted from the
14 actual penal law, and if we also consider, let us
15 say, for instance, the recommendations of Leslie T.
16 Wilkins, and his study, -- this is an edition
17 Criminologist's Interim . He says that in
18 his understanding, we should try to define as
19 criminal the minimum number of actions.

20 DR. WILSON: Wait a minute. Now
21 we are going into a different question, I think from
22 a philosophical point, we have now gone into a
23 "legal question" and now we are subdividing this
24 into a sub-section of legal areas, which is what you
25 quote as "criminal".

26 PROFESSOR BERTRAND: This is what I
27 said.

28 DR. WILSON: I think we are avoiding---

29 PROFESSOR BERTRAND: The issue?

30 DR. WILSON: The issue -- I think we

1 are avoiding the issue where we are actually
2 concerned.

3 PROFESSOR BERTRAND: Well, I was
4 going to say that perhaps besides the penal sanctions
5 and the law enforcement agencies, there are other
6 social controls that can be exercised that should
7 be, perhaps, stimulated.

8 DR. WILSON: Well, frankly, at this
9 point, you are taking me into that area which I know
10 best, which is my work, and actually, to use a
11 colloquialism, "Does the doctor play the heavy and
12 drag a kid into a hospital against the kid's will"
13 to quote, you know, take him off the drugs, kind of
14 thing. I think in this one does tend to avoid the
15 humanism and ends up with some rather unsuccessful
16 results. If I may be brave enough to come back into
17 the entire area of drugs, I imagine Dr. Lehmann is
18 probably in a better position to deal with this
19 question than I am, but certainly in terms of dealing
20 with adolescents and drugs, one has to attempt to,
21 you know, have a meaningful dialogue between the
22 adolescent and his feeling of futility in the future.
23 And, you know, the possibilities of some kind of
24 motivational alterations so that he can in fact deal
25 with the fantastic problems that are going on, which
26 takes me back to one vital issue which I think Ted
27 left out in his brief, which if I may add as a personal
28 comment, and that is the vast majority of adolescents
29 or pre-adolescents that I see habitually using drugs,
30 the basic problem that is usually ignored is the family

1 chaos and disruption which has preceded the use of
2 drgus.

3 PROFESSOR BERTRAND: Would you see
4 addiction as a medical or criminal problem?

5 DR. WILSON: That is in relation to the law?
6 I have to see it as a medical problem because, you
7 know, I am not the law.

8 MR. STEIN: When you say that are you
9 suggesting that there isn't presently a legal under-
10 standing of the addiction phenomenon? I mean you --
11 I find your response hard to understand.

12 DR. WILSON: There was a Commission on --
13 a Board set up under the Canadian Medical Association ---

14 THE CHAIRMAN: Could you speak a little
15 more closely to the mike?

16 DR. WILSON: There was a recommendation
17 set up by the Commission under the Canadian Medical
18 Association concerning drug abuse, particularly with
19 those criminal areas and specifically with narcotics
20 before medical treatment could be undertaken, certain
21 conditions of therapy would have to be met both by the
22 patient and by the physician. This is a highly suitable
23 kind of thing in that area where it is specifically
24 'criminal'.

25 MR. STEIN: One of the assumptions that
26 I hear you making -- correct me if I am wrong; you
27 referred in your comments to what I think is the abuse
28 of drugs and the statements that have been made to us
29 by a very large number of people is that it is important
30 for the Commission, as one person put it, not to psychi-

1 atrically insult the rest of us who are users of drugs
2 by assuming that use is always abuse -- that, in other
3 words, there are people who abuse drugs and who may well
4 need medical help. But again, the individual was sug-
5 gesting to consider all users of drugs "sick people" is--
6 and I raise this with you -- whether or not ---

7 DR. WILSON: You have got me in a
8 terrible spot -- you have got me in a terrible spot
9 because I don't know all the people who use or abuse.

10 MR. STEIN: Would you make that dis-
11 tinction?

12 DR. WILSON: I can't. I can only deal
13 with those people who are sent to me as patients.

14 THE CHAIRMAN: Doctor, we have got you
15 on your feet, and we seem to be running around your area
16 of expertise. Would you tell us what you feel most
17 pertinent in your experience for our purposes. We would
18 like to have the benefit of your experience. You have
19 obviously got experience.

20 DR. WILSON: Ah'm.---

21 THE CHAIRMAN: Would you like to sit
22 down, Doctor, I think that ---

23 DR. WILSON: Could I sit at the table?

24 THE CHAIRMAN: Yes, go ahead.

25 DR. WILSON: I have been confining
26 myself to those problems which deal with patients who
27 are referred to me. I have not been capable of doing
28 a statistical study on the volume of work I have, so
29 I can't in detail, or "scientifically" or "statistically"
30 give you any value or value of information, that one must

1 give to be mathematical about it. My major concern --
2 and again I will stick to the term "abuse of drugs" and
3 perhaps one should deal with them in a rundown -- first
4 of all I would think, marihuana. The people I see who
5 have excessive -- who tend to -- frequently or more
6 than frequently use marihuana, and by this I am referring
7 to once, to twice, to seven times a week in the use of
8 marihuana; invariably end up with decreased motivation,
9 loss of goals, they feel that they have increased in
10 personal relationships but, in fact, these are diminished,
11 and they have a decreased, although again they feel that
12 they have an increased, ability to communicate. On the
13 excessive users of marihuana, this was extremely difficult
14 to sort out, of course, because of the plethora of drugs
15 they are using, what they term as "chemicals" that they
16 are using as well. The problem is quite severe in terms
17 of the social disruption -- or the disruption of the
18 individual within the fabric of society. The major
19 things that I see in adolescents using marihuana are,
20 first of all, decreased school performance, eventually
21 leading to dropping out of the school. There is sexual
22 promiscuity, especially among the adolescent girls, and
23 some of my patients have described this to me in a very
24 interesting kind of way because in the -- if one wants
25 to use the phrase, "the drug sub-culture" that does
26 exist, one is supposed to have sexual relations on a
27 very free basis. This to these adolescents is creating
28 a profound problem to them, and in fact, for many, they
29 see no way out of it, except in terms of a chemical
30 suicide which one can refer to as "methacide" or by the

1 actual planning of committing suicide. The other
2 option they have is simply to cop out in that way,
3 which many of them do do.

4 THE PUBLIC: Doctor, I would like to
5 know, of these people that you have that are on drugs,
6 how many of them, say, of the youth, come from proper
7 families? Would you say that a lot of the youth are
8 from families that are separated or things like this,
9 or do you think that this might have something to do
10 with the use of drugs?

11 DR. WILSON: The incidence of separation
12 -- the incidence of marital disharmony or family schism
13 in the family in the drug users is fantastic. I can
14 sort of -- roughly going through my mind -- I am trying
15 to think of one family -- like, I can say that the
16 family was great, but the kid was hung-up on drugs, and
17 frankly, I can't.

18 THE PUBLIC: Well, then, you could say
19 that the kid could be taking drugs as a crutch, to
20 escape from the family.

21 DR. WILSON: No, I disagree with you,
22 Tim. I think what you are doing is, you are compounding
23 the problem. The problem is really compounded by the
24 use of drugs.

25 THE PUBLIC: Well, I think what I am
26 trying to do is try to clarify if -- if all the kids,
27 the majority of the kids that you are getting, just as
28 one person, do have the problem at home and at school
29 and are using drugs, or did they have the problem at
30 home and at school and then went to drugs, or is drugs

1 doing it?

2 DR. WILSON: From the majority I see,
3 they had a problem at home -- not "they" had a problem,
4 the family had a problem prior to the adolescent's
5 commencement in the use of drugs. I am not going to
6 say that they had a problem at school because many of
7 these people did not really have a problem in school
8 prior to the use of drugs.

9 DR. LEHMANN: Dr. Wilson, would you
10 then say that on the basis of your experience, that if
11 there is any kid, where his family has trouble, that
12 they should be very severely warned against the use
13 of marihuana, because in these cases it might be ---

14 DR. WILSON: Am I on trial?

15 DR. LEHMANN: No, I am just asking very
16 abstractly. The way you put it, is that the problem
17 is compounded, in other words, that kids who have family
18 trouble are badly predisposed to breakdown on the
19 marihuana. You do not say anything about those who
20 come from those families--. Would the general statement
21 be then, in order to say that if children come from
22 troubled families, that there might be a considerable --
23 considerable deterioration of personality if they smoke,
24 or would you not go so far.

25 DR. WILSON: I have lost you, actually.

26 DR. LEHMANN: Would you say that having
27 a background of a troubled family is a warning for a
28 kid not to use marihuana, while one from a non-troubled
29 family might be perfectly intact?

30 DR. WILSON: I would like to think so.

1 DR. LEHMANN: I see.

2 DEAN CAMPBELL: Could I ask you for
3 the basis of your selection of the sample, Doctor? You
4 are saying -- I think you are saying that your observa-
5 tions are based on the sample of those drug users who
6 are referred to you presumably on psychiatric referral.
7 Are we then talking about people who have presented
8 severe neurotic or psychotic symptoms that led to the
9 referral, or are the referrals in a large proportion
10 simply because there was a pattern of drug use without
11 other aspects?

12 DR. WILSON: I am a child and adolescent
13 psychiatrist. The vast majority of kids that are
14 referred to me, usually by the family physicians, and
15 the total extent of knowledge I have prior to my seeing
16 the person is usually something that is sort of a
17 "behaviour problem" and invariably the kinds of things
18 that I get into my office is a -- typical; when a child
19 is presented -- the symptom is an admission ticket to
20 come in -- certainly a large number of these people,
21 I think, will reflect a lack of communication within
22 the family and a lack of understanding within the family
23 rather than a "neurotic" or "psychotic" problem. There
24 are a great many theories of course, as to what leads
25 to neuroses and psychoses and, of course, the psychiatric
26 community, generally speaking, is on the way that the
27 family is sort of the "hot house" in which this arises.
28 So, really, perhaps I will -- what in fact it is doing
29 in my line of work is probably dealing with these
30 psychotic, neurotic, or catalogical problems at an

1 earlier stage.

2 PROFESSOR BERTRAND: So that it is very
3 difficult to generalize with the population that you
4 have in your office.

5 DR. WILSON: Oh, I can only really talk
6 about the population that I can see. It isn't proper
7 for me to talk about a large number -- large numbers
8 of people I have never seen.

9 DEAN CAMPBELL: Doctor, one of the
10 things that has been mentioned by you and by a number
11 of people, that in the behaviour of marihuana users,
12 there may be a tendency to lack strong goal-orientation,
13 to lack "ambition", "drive". Now there is a growing
14 body of literature in our society that says a lot of our
15 people have altogether too much drive, goal-orientation;
16 and they end up with ulcers, heart attacks, and a
17 variety of other stress reactions. Do you see people
18 and adolescents in your practice who are sort of
19 "mucked up" by having too much ambition, too much goal-
20 orientation? Is there a balance?

21 DR. WILSON: I think once you cut out
22 that and say there is too much expectation. Yes, I see
23 a great deal of that.

24 DEAN CAMPBELL: Two problems ---

25 THE CHAIRMAN: Dr. Lehmann?

26 DR. LEHMANN: May I ask Mr. Callbeck,
27 coming back to the educational issue: There are certain
28 drugs which are prohibited, not only cyclamates, but
29 certain drugs, for instance, one drug which most
30 psychiatrists agree is the best treatment for depression,

1 , which no doctor is allowed to prescribe and
2 no pharmacist is allowed by law to dispense, although
3 it is agreed by most that it is the best treatment for
4 depression. Why not? Well, because about one in two
5 thousand cases, perhaps not that much, only one in five
6 or six thousand, there is a very severe impairment of
7 liver functions, sometimes causing death. Now, the law
8 makes it -- I don't suppose it is a criminal offence --
9 I suppose it would be for a pharmacist to dispense it,
10 or a doctor to prescribe it. Now, here is one in five
11 thousand cases. And even if the doctors -- and many
12 patients and doctors have written letters requesting
13 the government to please allow them in particular cases
14 to give this drug because no other drug is helpful, but
15 the law will only very rarely make an exception. Now,
16 if we come now to marihuana, there is no measure available,
17 whether there are or aren't any bad effects, as you
18 pointed out. And if we want any kind of statistical
19 evidence about any other aspects of your or anyone else's
20 research in the drug field, we certainly should also
21 want some statistical -- if we are at all interested in
22 impressions, there are a lot of people who smoke mari-
23 huana, and tell us "Well, I don't see anything bad about
24 it. I know a lot of friends -- and nothing really
25 happens." But these are not scientific measurements
26 and there is significant scientific evidence in the
27 literature that there are psychotic reactions and all
28 kinds of other psychotic reactions on trips by marihuana
29 but not very much to make very much of a stir in the
30 population, but they are not very scientifically investi-

1 gated or counted. Now, this is all a preamble. Now,
2 what I want to ask you now, as an educator what would
3 you think about the approach to the young generation
4 to try to induce them not to use the arguments one
5 hears, although one gets quite tired of it, "Oh, well,
6 now, it doesn't lead to heroin, everybody knows that,
7 only foolish adults always claim that it does; it
8 doesn't produce -- it isn't any worse than alcohol,
9 everybody knows that except my father and mother. It
10 isn't worse than nicotine, in fact, it's not as bad",
11 and so on and so on. Instead of these arguments which
12 then imply that therefore there is nothing wrong with
13 it, if one would ask them, "Well, would you at least
14 say that if you want to smoke grass, that you have
15 chosen to take the risk which you consider not parti-
16 cularly great, but it is there, scientifically it is
17 there, that you have chosen -- of your own free choice
18 you have made this decision to --"all right, I'll smoke
19 grass, not because it's well proven, and everybody
20 knows of course that it is harmless, but simply because
21 I think the risk that may be involved is not great
22 enough for me to -- to leave it. And there may be one
23 in five thousand, one in two thousand, or one in ten
24 thousand, or one in one hundred possibilities that it
25 might have a bad effect, but I am prepared to take that
26 risk." That would be scientifically an adequate state-
27 ment, and as you say, the youth have to reason and what
28 would you as an educator think to try and induce this
29 kind of response?

MR. CALLBECK: We have really done the

1 same thing, exactly the same thing with tobacco,
2 haven't we? You see, from the time tobacco was intro-
3 duced into Britain coming over from North America, from
4 the very first time it was introduced, we have gone on
5 for years, and many years, with the assumption that
6 there were no known ill effects until as recently as
7 fifteen, eighteen, twenty years ago they began to suspect
8 that there were very definite relationships between the
9 cigarette habit and -- I am speaking specifically of
10 cigarettes more than any other form of tobacco; they
11 began to determine -- find a very definite relationship
12 between this -- between tobacco and effects on health,
13 and yet you see, what really has happened is that we
14 still carry on, many of us, still carry on sort of
15 rationalizing these effects, and -- but, you also find
16 that your -- the cigarette manufacturing companies are
17 moving very quickly to other kinds of investments as
18 you well know, moving very quickly to other kinds of
19 investments knowing full well that cigarette smoking is
20 on the wane, and there are statistical figures to prove
21 this. Now, you have to take this in account with the
22 increase in population, of course, but I mean, consi-
23 dering the increase in population, there is a move in
24 this direction. More and more people; if you had asked
25 this audience -- how many have at one time smoked and
26 have then given it up, you would begin to get your
27 evidence in this regard. Now, in relation to marihuana,
28 I honestly feel that as long as the person is aware
29 that the evidence is not all in and they are prepared
30 to take this individual risk, then it has to become an

1 individual decision. If I might just make a statement
2 here; it's rather strange but if you consider the fact
3 that the use of tobacco has not been considered as one
4 of the major vices, if you look down through a total
5 study of history, you will find that no social culture,
6 no social structure has ever supported more than one
7 vice at a time throughout the recourse of history. This
8 is rather an interesting approach. You will find, for
9 example, that the Chinese who accepted opium, had no
10 other major vices going at that same time, or if you --
11 and I lived for a period of time in North Africa and
12 the Middle East, you will find that these people who
13 use hash -- use hashish regularly in their water pipes
14 and so on.

15 THE CHAIRMAN: Are you reserving the
16 word, "vice" for drug use?

17 MR. CALLBECK: Yes, I am. What is your
18 connotation of "vice"?

19 THE CHAIRMAN: I just want to clarify.
20 I reserve it to drug use in this instance.

21 MR. CALLBECK: Yes, I am reserving it
22 to drug use in this instance. But, for example, in the
23 Middle East and in the North African states, you will
24 find that the use of hash, the development of "pot heads"
25 as they are called, but there are no alcoholics, they
26 do not use alcohol. And in all nations which support
27 the use of alcohol in the sense that we condone it, then
28 you will find that if marihuana becomes a major factor
29 or any of the drug use becomes a major factor, you will
30 find that there is a decrease with youth, with the rising

1 generation and the generation which moves on to another
2 vice, that there is a tendency for decrease of the vices
3 which we accepted at that time. It is a rather interest-
4 ing concept.

5 DR. LEHMANN: That may be a good
6 consequence.

7 MR. CALLBECK: Mr. Chairman, excuse me,
8 may I just make one or two remarks in relation to what
9 Dr. Wilson said. This business of sexual promiscuity
10 related to the drug culture, I am wondering and I'm
11 just asking the question, he says - Dr. Wilson says
12 that he feel that there is some relationship. I am
13 wondering if the fact that the drug culture is a sub-
14 legal culture against the law, is one of the things
15 that promotes this kind of thing. This is just a
16 question I am asking. I am wondering if those things
17 which have to be done, if you like, underground, because
18 it is against the law, does not bring in with it related
19 kinds of activities. It is just a question, sir. The
20 second thing is that I am not sure that you people have
21 copies of these, and I would like to leave one set, the
22 only set that I have left. We have some sets of these
23 in every one of the school libraries -- several sets --
24 in every one of these school libraries available to youth
25 and these are the ones put out by the Department of
26 National Health and Welfare of the U.S. Government, the
27 U.S. Department, and it does give you information that
28 has come out of Chevy Chase, and the latest information
29 that they have on any of these drugs. I got some in-
30 formation yesterday; I asked if I might use it, and I was

1 told that it was satisfactory to use, but that it
2 would have to be clarified statistically to be accepted
3 by the Commission as being accurate, but a statement
4 made yesterday by one of the doctors that was employed
5 by the Metropolitan Board of Health made a statement
6 that there was an average of one admission per day in
7 hospitals in the city of Victoria as a result of the
8 excess of use and abuse of drugs -- an average of one
9 per day.

10 DR. LEHMANN: That includes barbiturates
11 and so on, I suppose?

12 MR. CALLBECK: That is right, and I have
13 asked if this could be clarified with respect to the
14 specific question I am asking; if how many of these
15 one admissions per day, how many of them are people
16 of -- in our school system, and then it begins to give
17 me some more specific information. Incidentally, getting
18 back again to what Dr. Wilson said, sort of the break-
19 down of the family situation, if you misconstrue one
20 of the Catholic sayings that has been advertised so
21 widely, and just simply say, "the family that plays
22 together, stays together", you will find as I have found
23 in discussing with counsellors and with Dr. Wilson and
24 with other people, that the family that is cohesive,
25 that plays together, is less likely to be the family
26 who have children involved in this kind of thing, so
27 that this would support in the reverse, exactly what
28 he has said. Thank you.

29 THE CHAIRMAN: Before you leave, Mr.
30 Callbeck, I would like to ask you -- perhaps, Dr. Wilson

1 might like to assist with this too.

2 DR. WILSON: I was going to ask if I
3 was off the hook.

4 THE CHAIRMAN: Well, I think if you
5 would like to leave, you could be released.

6 But you could give me an
7 answer on this, if you wish.

8 I think this gentleman
9 has been waiting to speak for some time.

10 THE PUBLIC: What I wanted to know is
11 like, you have your youth, what you were talking about
12 earlier, and how they go out, they do things, they smoke
13 grass, they come to you, they get other hang-ups, right?
14 Well, OK, this is fine and dandy, great. But what happens
15 to the youth man when they get caught and they get thrown
16 in jail. Then where are they at?

17 DR. WILSON: You know where they're at.
18 It's not very nice is it?

19 THE PUBLIC: Yes, but like what does
20 that do to their heads? Like I spent a year and a half
21 in Oakalla and it didn't do any good to me because the
22 first day I got out I went straight back down and the
23 first thing I did was I bought myself the biggest and
24 fattest joint I could find and had a good time.

25 DR. WILSON: I won't hassle with you
26 on that statement; I am sort of caught in this because
27 inasmuch as possible, because of the volume of business,
28 I keep my age under eighteen, so they are about eighteen
29 when they get busted to Oakalla and that is right beyond
30 my range, so I can't naturally, speak with any expertise

1 on that.

2 THE PUBLIC: I would like to ask the
3 boy whose fault it was that he arrived at Oakalla Prison
4 in the first place. Who put him there?

5 THE CHAIRMAN: Whose fault was it that
6 the boy arrived at Oakalla Prison in the first place,
7 who put him there?

8 THE PUBLIC: Society.

9 THE PUBLIC: I was brought up under
10 this society too and I haven't been there yet.

11 THE PUBLIC: I -- basically, put it
12 out this way -- will you repeat your question?

13 THE PUBLIC: I was brought up under
14 society too and I haven't been to Oakalla yet. Again
15 I ask you, what is your excuse?

16 THE PUBLIC: You can tolerate society
17 better than I can.

18 THE PUBLIC: Well, then I think you
19 should change your thinking. You are losing in the
20 battle of life.

21 THE PUBLIC: I don't really think that.

22 THE PUBLIC: Society is just people.
23 Let's not throw this word "society" around.

24 THE PUBLIC: Yes, this is why people
25 have got to get together. Don't forget, we are the up
26 and coming generation of this country.

27 THE PUBLIC: We -- you are not every-
28 body.

29 THE PUBLIC: What are the causes of
30 society that brought you to Oakalla, specify what you
mean.

1 THE PUBLIC: Marihuana was.

2 THE PUBLIC: Yes, precisely, and on
3 top of that, like apparently I was supposed to be really
4 doing myself in by smoking a simple little joint, but
5 when -- what I got in Oakalla/^{it}was a lot worse. Oh man,
6 they're mean in that place, wow!

7 MR. CALLBECK: Mr. Chairman, may I ---

8 THE CHAIRMAN: No, I was just wondering,
9 just one moment.

10 THE PUBLIC: In relation to what just
11 happened, I was wondering if anybody in the audience
12 could give me some justification for the way society
13 is set up now. It is set up on a hierarchial basis
14 with profit running the main motive. I would like any-
15 body here to justify to me while the means for
16 production in this society are enough to give everybody
17 an adequate standard of living plus bring up the standards
18 of living in other parts of the world, why it is not
19 done, why are the means of production in control
20 of just a few people.

21 THE PUBLIC: I think it is the case of
22 the pot calling the kettle black. I would suggest quit
23 whining and do something to improve society.

24 THE PUBLIC: But mainly what I came up
25 to say before Mr. Callbeck is that -- I weighed a few
26 of the points that he brought up in his brief. You
27 seem to stress the -- some of the bad trips that
28 happened, and most of the bad trips that happened on
29 LSD, and I was wondering if these bad trips could not
30 be produced by impurities in the manufacture of the drug

1 which would as a result decrease if the drug was
2 purified and people knew what they were taking. And
3 perhaps the relationship which you find between marihuana
4 use and marihuana addiction, could that not be as a
5 result of people buying their marihuana from the under-
6 ground sources that they do, coming into contact with
7 people which would offer them the opportunity to buy
8 heroin, and use it, and if marihuana were legalized
9 would there not be a corresponding decrease in the
10 relationship between marihuana and heroin, if there is
11 any?

12 MR. CALLBECK: You are asking me to
13 compare a situation which does exist with a situation
14 which does not exist. Therefore I could only conjecture.

15 THE PUBLIC: Yes, I am just asking for
16 conjecture. I just wanted to bring it up as a matter
17 of fact. Another thing ---

18 DR. LEHMANN: May I just answer this,
19 perhaps. The question which we hear very often, the
20 argument, and it sounds very plausible, that most of
21 the bad reactions are due to, well, and all the other
22 stuff that is put in; strychnine, (stromonium,) and so on,
23 into heroin, and other -- into other drugs, and that may
24 well be so, that many of the bad reactions are due to
25 it, but there is no doubt whatsoever, that very pure
26 LSD and very pure marihuana in its best form will
27 produce -- there is a lot of evidence -- in a certain
28 percentage of people, quite bad reactions.

29 THE PUBLIC: Yes, I will agree with that,
30 but I would, I conject that a portion of the people

1 admitted to the hospital, and I don't know how much
2 of the proportion, would be admitted because of the
3 impurities in the drug. And the root of the whole
4 marihuana problem, the drug use problem, lies in the
5 structure in society, I think, in the fact that people
6 are born into this ever increasing -- ever increasingly
7 complex society where they are given, as far as I can
8 see, false motivations for life. I don't think that
9 many of the youth that grow up today can find a real
10 purpose in the way things are being run right now and
11 that is why you get a great and ever-increasing extent
12 of people that come up with the philosophy of existential
13 pessimism about life in general. As far as I can see
14 there are no positive myths in society any more, there is
15 no ultimate goal to the way society is going except
16 that it is increasing in its size and its manufacture
17 of goods, and I think this is instilling a false sense
18 of identity in people and I don't think -- I think that
19 people start to think, "Well, what is the point of the
20 way things are structured right now", and I think in
21 answer to those questions people are becoming apathetic
22 about it. Well, I am just an individual in this --
23 but they tend to use drugs as an escape from the pressures
24 of society, and I think that as the corresponding
25 increase in mental health -- in mental illness in
26 society becomes increasingly complex, it is probably
27 correlated to the increase in the use of drugs. And
28 just one last point was, you were saying, in education,
29 the way people should be educated about the use, you
30 said not what to present to people but how to present it,

1 and that gives me the idea that the way you present
2 it, is going to make them decide, not one way or the
3 other, not the facts involved, and I was wondering if
4 you could clarify that for me.

5 DR. WILSON: Are you asking me?

6 THE PUBLIC: No, I am asking Mr. Callbeck.

7 MR. CALLBECK: Yes, I did make the
8 statement that it's the way in which this is presented
9 and not necessarily what is presented. My idea about
10 this is that you can no longer present to young people
11 the so-called "facts" about drugs without them being
12 involved in the learning process. They themselves have
13 to become involved in the process of finding the in-
14 formation, in the learning process themselves. This is
15 why I suggested that if an adult -- not necessarily an
16 adult, but if a person who is directing the kind of
17 study and research that is going on can submerge himself
18 into the group as one who has to learn along with those
19 who are seeking information, then this is probably the
20 most effective way of getting at it. But for me to
21 stand up here in front of this group and say, "This
22 I know about marihuana", and then to give you a lot
23 of material which I suspect may be true but which I
24 cannot prove, would not be convincing to you at all.

25 THE PUBLIC: Could you justify any of
26 the repressive tactics that are being used with research
27 as to marihuana, as in the universities?

28 MR. CALLBECK: You would have to explain
29 that to me.

30 THE PUBLIC: Well, it seems to me that

1 because of the illegality of the drug that research
2 cannot proceed in scientific means the way it should
3 be as in the University of Victoria. There are people
4 up there who would like to do research, doctors and
5 psychologists, but they are not allowed to do that.

6 DR. WILSON: Can I answer your question.

7 THE PUBLIC: Sure.

8 DR. WILSON: This morning in one of the
9 news broadcasts, Dr. John Munro, the Minister of Health,
10 had announced that marihuana will be available to
11 qualified researchers in this area.

12 THE PUBLIC: Thank you.

13 DR. WILSON: Could I take just a couple
14 of issues -- couple of points that you said? You mention
15 that there are quite a few increased incidents in mental
16 illness. I believe Dr. Lehmann would support me on this,
17 and in terms of psychotic illness there is not necessarily
18 an increase in mental illness in our society. There is
19 certainly an increase in various other kinds of emotional
20 problems, such as neuroses and charactological problems
21 and especially neuroses problems.

22 THE PUBLIC: I wasn't thinking necessarily
23 in terms of psychotic mental illness, but may^{be}/the less
24 familiar and lesser forms.

25 THE PUBLIC: I find myself somewhat
26 concerned about the split which seemed to occur when
27 the young gentleman was speaking, about why he was in
28 Oakalla, and the lady who said, "Why did you go there?".
29 There seemed to be quite a big generation blow-up here.
30 I find myself wondering whether or not the people of the

1 generation who say, "Why did you go there?" have ever
2 themselves committed any type of an offence which, if
3 they had been caught, would lead them to being in
4 Oakalla, for instance, going too fast, going over the
5 speed limit, driving unsafely and hitting a child and
6 killing the child, would certainly lead to that person
7 going to prison. I wonder whether or not it is just
8 a question of this person being caught and the person --
9 other people having committed crimes for which they did
10 not get caught.

11 THE PUBLIC: The fact that you didn't
12 get caught doesn't make it legal. It is wrong doing
13 whether you get caught or not.

14 THE PUBLIC: I would just like to say
15 something and it is ---

16 THE CHAIRMAN: Could you speak closer
17 to the microphone, please.

18 THE PUBLIC: I think part of the reason
19 we have this tremendous generation gap is, people are
20 always trying to find fault. She is blaming, she is
21 blaming him for going to Oakalla. You can't have
22 communication when someone is blaming someone for
23 something because you are going to be defensive.

24 THE PUBLIC: You are not blaming society.

25 THE PUBLIC: No. Well -- what can I --
26 how do you blame society. How do you blame society?

27 THE PUBLIC: You are blaming us, but we
28 are not allowed to blame you.

29 THE PUBLIC: He is society.

30 THE PUBLIC: Pardon me? He is calling us

1 society.

2 THE PUBLIC: I am calling you society,
3 sir. I am not calling you society and me un-society.
4 We are all in this together. We have got to sort it
5 out. But I really think that, like, as long as people
6 are sitting and giving their intellectual opinions
7 which differ from man to man, like in psychiatry you
8 have got the very -- you have got the very proof of
9 this, you have got theories, but there is no truth about
10 it. I think this is what people -- what young people
11 want today is more truth than theories and ideas, some-
12 thing concrete, something concrete to grasp onto,
13 because there is not very much concrete, not very much
14 real left in this world. Like there are -- you know,
15 you have got standards changing every day all over the
16 world and I think -- I think like, if we could get down
17 to concrete facts, things that are true no matter what,
18 not someone's opinion on the subject, but truths, then
19 I think we could get somewhere.

20 MR. CALLBECK: I wonder if we are
21 familiar with the theories of George Hegel and his
22 philosophy that we have a thesis and an anti-thesis and
23 a gradual move toward a synthesis, and that each time
24 the synthesis becomes the new thesis and an anti-thesis
25 sets up which develops another new thesis; this is the
26 way society goes. If you want to look back into history
27 just a little bit and compare the moral codes that
28 existed -- that exist today with those of a hundred
29 years ago, ninety years ago, then I would say that I am
30 much more straight-laced today than those who existed
at that particular time. And then we hit a period --

1 we had a period when the Christian ethic took over
2 and so there was a move in the opposite direction, but
3 there was this tendency to develop thesis and anti-thesis
4 all the time. We are at the point right now, in my
5 opinion, and this is a personal opinion, where we have
6 a strong thesis and a strong anti-thesis or antithesis
7 area and it isn't until we develop synthesis that we
8 will start to move on towards another thesis and antithesis
9 position again.

10 THE CHAIRMAN: The gentleman there.

11 THE PUBLIC: One of the things about our
12 East countries like India, is that where hashish is
13 illegal, is that you can trade for a small mickey --
14 you can trade for a couple of pounds of hash, and they
15 are doing it quite regular every day and it is a happy
16 thing going, but then again, the people who get caught
17 with this little bottle or mickey, you know, they are
18 condemned to jail for six, seven months, you know, just
19 like we are here on hashish, and yet if I go walking
20 down the street with a mickey in my pocket nothing would
21 be said provided it was closed.

22 MR. CALLBECK: You see, I wonder if some
23 of the best demonstrations we could give to the young
24 people would be to simply say, "Look, if you could live
25 in areas," and I did live in Tangiers for a considerable
26 time, "If you could live in areas where hash or hashish
27 is quite the accepted thing, and if you could see the
28 people who have become"-- in the term that these people
29 are using today, "could see these people who have become
30 'pot heads' over the continued use, the result is about

1 the same as I would say, the continued use of alcohol
2 would produce in someone who becomes in our terms,
3 a 'sot' as far as the use of alcohol is concerned."
4 They are comparable conditions and each is the excessive
5 use.

6 THE PUBLIC: I just -- just one small
7 point. I would like to object to this constant use of
8 the word, "generation gap" because I know there are
9 many people who are under twenty-five, under twenty,
10 you name it, who are not in this drug sub-culture and
11 I don't think -- I don't think we should lose sight of
12 the fact that this is -- this is a group within our
13 young people, but it is not all the young people.

14 THE PUBLIC: Changing tempo a little,
15 I must take issue with my dear friend there, when he
16 made the assertion that the Chinese only suffer with
17 one vice at a time. I can assure you that is not so.
18 I lived twenty-two years out there so I should know
19 something about it. The next thing is this, that we
20 have all heard this morning that a great deal of the
21 time has been taken up with the problem. We know there
22 is a problem that exists and I would like to be given
23 the opportunity -- perhaps after recess -- to give a
24 solution to the problem. I feel that is the most
25 important thing the Commission is here for, is a solu-
26 tion. We all know the problem in varying degrees, but
27 it is the solution that is not being presented. I ask
28 the favour of presenting a solution as I see it, perhaps
29 after lunch.

30 THE CHAIRMAN: Well, this might be an

1 appropriate note on which to adjourn then. We will
2 reconvene at 2. There are several briefs to be heard
3 from. We will conclude this discussion, but then we
4 will proceed to hear the Greater Victoria Alcoholism
5 Association, the Director of the Cool Aid Project is
6 going to present a film, group from the United Church
7 of Port Alberni and Mrs. Rogers of the Women's
8 Temperance Union; and Mr. Scott.

9 We will begin with Mr. Scott.

10
11 ---Upon recessing at 12:25 p.m.
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1 --- Upon resuming at 2:10 p.m.

2 THE CHAIRMAN: Ladies and gentlemen,
3 I would like to call this hearing of the Commission of
4 Inquiry into the Non-medical use of drugs to order and
5 continue our discussion where we left it when we
6 adjourned at noon. I should like to -- there have been
7 references in the paper to protection and to anonymous
8 hearings. I should like to clarify the Commission's
9 approach to this question for the benefit of anyone
10 who might be interested. We are, of course, at the
11 moment conducting a public hearing in which we hope to
12 get general expression of views, give us a sense of
13 people -- what they feel about this problem, what their
14 general experience is. We are not interested in identi-
15 fying anyone or anyone's individual experience, indeed
16 we don't ask anyone to identify himself or herself by
17 name and we are happier -- we prefer in our public
18 hearings, that people should not have any sense -- in
19 any sense incriminate themselves. I have had assurances
20 that our inquiry will not be exploited for law enforce-
21 ment purposes, and if I had any reasons to believe it
22 was, I should take it up at the highest level. We can't
23 be pursuing two conflicting objectives under a govern-
24 ment mandate here. But we do provide, we are receiving
25 evidence in private and we are empowered to withhold
26 the identity of people who give us this evidence and
27 we also can arrange this evidence be given under the
28 protection of The Canada Evidence Act which requires
29 that it be taken under oath, that the objection be made,
30 invoke the protection of The Canada Evidence Act, that

1 is, evidence can't be used against one in any subsequent
2 criminal proceeding. So, these proceedings are available
3 to those who wish to give private or anonymous evidence
4 or feel that they have something to tell us that may in
5 fact be better told to us privately. But being a public
6 hearing, of course, we cannot exclude anyone from it
7 and we do not offer any -- we cannot offer to protect
8 you under The Canada Evidence Act obviously, in a public
9 hearing. So far, we have found people are -- are able
10 to come and assist us in a public hearing under these
11 conditions. We hope that will continue.

12 I think, perhaps, I would call on
13 Mr. Scott, who, when we adjourned at noon, was speaking
14 about solutions to the problem. Is Mr. Scott with us
15 this afternoon? Would you like to tell us what you ---

16 MR. SCOTT: If I could go over here?

17 THE CHAIRMAN: Yes. We have an addi-
18 tional microphone now, but anyone is free to use this
19 table.

20 I am going to call shortly, on Dr.
21 Hamilton, of the Greater Vancouver Alcoholism Association.

22 MR. SCOTT: Well, Mr. Chairman, and
23 friends. I first want to say, I cannot too strongly
24 applaud the wisdom of our federal government and Prime
25 Minister Trudeau for setting up this Commission, because,
26 in my opinion, there is no greater threat to Canada's
27 future and safety than this epidemic, growing epidemic
28 it seems, in some realms of the drug taking youth, the
29 drug sniffing youth, of our country. I came here this
30 afternoon to give you a solution, what I consider to be

1 a solution to the problem and it is based upon a
2 solution that a third of the world found was successful.
3 I will come back to that later.

4 At the present time, I will be in some
5 ways referring, and strong criticism perhaps here and
6 there of our younger generation, and especially with
7 this generation gap. Now, I admit there is a generation
8 gap between myself and yourselves, and the only genera-
9 tion gap that I see is that I can prove to you I am far
10 more stupid than you have ever been because I have lived
11 longer and had more time to experiment one way or the
12 other with the things that you are going through now
13 and I have ended up there, that you know wisdom comes
14 through disillusionment. And perhaps the thing which
15 I have had to do in my adult life is not learned, is
16 unlearned, ~~to throw~~ in the garbage dump the stupidities
17 that once I believed in when I was young. And though
18 I could give you many examples of that, but I will
19 proceed. But, so if I am a little bit critical here and
20 there I hope you will bear with me along those lines.

21 Before I give the solution it is only
22 fair to the Commission here that they should have a
23 little bit of the background ... which I draw from in
24 order to present the solution, ... which will come a
25 little later. Here in my hand here, is a book -- it is
26 a diary. It was my diary when I first went to China
27 early in 1924. I was an insignificant civil servant
28 out there working in the Engineering Department, the
29 Lighthouse Engineering Department for the Chinese
30 government. Strange as it may seem to you here, one of

1 my official duties was to burn opium, morphine, porno-
2 graphic pictures and so on. And there are entries in
3 my diary, and it would be rather interesting for the
4 Commission as I wish to say how -- it is just an entry
5 preparing for opium burning. Then you see I am opium
6 burning with a spud, Chinese coolies and military men
7 around there, armed guards and so on and so forth, and
8 this went on for three days. And then when you go
9 through my duties, you see where the ashes had to be
10 taken away and so on and so forth. Well, this intro-
11 duced me for an interest in what this opium business
12 was all about, what heroin was all about. And I have
13 got pictures about it, which the Commission -- that the
14 Commission can see and view, where we had two big
15 incinerators there burning mountains -- and I am speaking
16 of mountains of opium. I talk about twenty pounds of
17 heroin in this country. It is compared with what they
18 had out there. And you know, they took years and years
19 for them to find a solution, but before the solution
20 was arrived at, I was a personal witness to what opium
21 had done to that country. Shame on Britain, she forced
22 the opium onto the Chinese. There were opium wars to
23 make them accepted, and if it would have been in my
24 position to see what this meant to the Chinese people
25 when youth like yourselves here -- I was a voice in the
26 wilderness, I admit, when I used to go to opium dens
27 and I used to see mothers -- this is hard for you to
28 believe -- you feel you kids have crimes against you;
29 mild compared to what went on there. When I say mothers,
30 harassed mothers there, with a child put on a little bit

1 of "duppings" they used to call it in Chinese, a little
2 bit of cake or pancake or so on and so forth, treated
3 with opium into the kid's mouth to sooth the kid's mouth.
4 This is what went on in China.

5 And a very interesting thing you see
6 because -- because national calamities there, officialdom
7 was absolutely ruined by the opium trade, heroin trade
8 and so on. And there was a major disaster there, but
9 it didn't only affect -- and remember this, boys and
10 girls, it didn't only affect the Chinese, it affected
11 the United States, this great country, because I was in
12 Che-Foo, and these are -- I was in Che-Foo when the
13 Japanese, they had hired and bribed Russian girls and
14 agents, so on and so forth, to encourage the American
15 officers and men to take drugs, and when they got in --
16 and I was there, I was witness to it, and I -- not only
17 myself, but others out there who strongly believed,
18 that is the main reason, through drugs -- it was through
19 the drugs introduced by the Japanese and the victims
20 were the American officers and the men that revealed
21 the secrets of Pearl Harbour and made it so vulnerable
22 because for drugs they were doing it and selling these
23 secrets and that is the reason that I say our government
24 is doing a wonderful thing. This may seem strange to
25 everybody, these historic facts. I could go on and on
26 with more of those. If you want to ask me any questions
27 you may.

28 But now it comes to a solution. Well,
29 there's a lot that happened since then. I was out in
30 China four years ago comparing the old with the new and

1 I came back and I toured all the major universities
2 in Canada and told them what had happened to the new
3 China, what was happening to the youth, that Mao Tse Tung
4 had lit an educational fuse among the young Chinese that
5 was going to ignite a fuse of knowledge, that was going
6 to explode -- that would explode, they would explode the
7 bomb of knowledge that would rock the western world;
8 that's what I came back to say and I mean that today.
9 There is one country in the world, and it is a third
10 of the world's population, who has found a solution for
11 drug addicts and I feel that we can learn from them. I
12 toured the universities, as I said, and I wanted a
13 delegation to go back to China and bring back their own
14 first hand report. My solution here today is, the first
15 thing we should do is to disband and scrap the Company
16 of Young Canadians. I mean that in every true sense of
17 the word, this is true, because they have proved them-
18 selves an abject failure in many ways and too many of
19 them, due to my knowledge have been, can we say, the
20 minds and the bodies have been partly or partially
21 polluted with marihuana and LSD. Now, when you disband
22 and scrap something you have got to replace it with
23 something better, and this is what I would suggest. I
24 told you I would give you a few shocks. I would replace
25 it with what I call a Maple Leaf Guard, something similar
26 that was portrayed by Prince Philip when he was in this
27 place just a few days ago, when he gave an example, a
28 contrast of what the youth could live for, what they
29 should aspire for. I would like you to recall Prince
30 Philip's Maple Leaf Guards and guard the good things, a

1 good heritage, that has been left you. I have told you,
2 don't take over the legacies of mistakes, but take over
3 the legacy of the good we have left you and there is
4 lots of good, there is no question about it, we are not
5 all bad. I would set up -- that is one -- and I would
6 also set up, which I toured before-hand, the universities,
7 set up mental olympics in our universities. Now, what
8 I mean by mental olympics, that I contend and there has
9 been no one to dispute it yet, that youth has given a
10 glowing example of self-sacrifice and I didn't -- perhaps
11 the greatest example of civilized nationalism throughout
12 history in the physical olympics -- when you had healthy
13 competition between one another, it brought the best out
14 of you and this is what Prince Philip's scheme is trying
15 to do. Just a minute please. You will have your --
16 he want's to ask a question.

17 THE CHAIRMAN: Well, if it's all right
18 with you.

19 MR. SCOTT: It's all right with me, yes.

20 THE PUBLIC: Mr. Scott, I know you have
21 kind of offended a lot of people I think, number one,
22 the Company of Young Canadians. They have made a lot of
23 blunders but they have sent a lot of good people around,
24 namely, Charles Barber was one member, and there are lots
25 more. Another thing -- and athletes and stuff, they have
26 shown that there is, more drugs are used by them as a
27 minority than any other group, so, you know, if you are
28 going to do this you are going to have to find some way
29 to stop them from taking their drugs.

30 MR. SCOTT: Well, you see, it is just

1 according to one's attitudes. Now, you may have an
2 idea of what is good for you and what is good for
3 another person. I take the attitude through experience,
4 and this is -- as I say, bear with me, I take the
5 attitude through the experience that drugs -- the set
6 up by the Commission, is bad for the youth of Canada.
7 I begin on that and I end on that and I do know that
8 some personal friends of mine, as the Company of Young
9 Canadians, have admitted to me that they had been on
10 LSD and marihuana, and so I would like to remove that
11 stigma from them and let them start all over again.
12 I think this is a very, very sensible and healthy
13 outlook. I am not condemning them. Anyone can condemn
14 and blame, most students do. I'm not here to condemn
15 you, I am here to uphold and see you have a better
16 future than perhaps I had and if I failed here and there
17 which -- I am human, I will fail here and there, I have
18 told you that my adult life has been nothing else but
19 a repetition of unlearning, so I want to bear with you --
20 I want you to bear with me on that, and then we come
21 back to the olympics.

22 I say that the Olympics were set up in
23 Greece some hundreds of years ago -- several hundred years
24 ago -- they gave an example, a shining example of what
25 youth is able to accomplish when their energies were
26 directed in the right direction. And I say it still
27 stands for today, and I say that a solution would be
28 to set up some mental olympics in our universities for
29 the youth in the universities to get all the best ideas,
30 and we have computers these days -- it wasn't possible

1 before we had the computers -- now we have the computers
2 and all the best ideas, because computers can handle
3 ideas, can be put in computers and every four years,
4 then the best ideas could be legislated upon if need be.
5 And I feel this is a terrific challenge. Some of you
6 may know here, that I recently went to Europe and I
7 visited in the major universities in Britain and in
8 France and they woke me up in the London Observatory
9 and so on and so forth, and the universities back there
10 are waiting to see if there is any response from here,
11 and I said I would come back and report, and I feel
12 that is a challenge for the youth and it is for the adults
13 and it is for the government to give you every encouragement
14 ment, use every encouragement to set up these mental
15 olympics which can become a part of the physical olympics.

16 THE CHAIRMAN: Mr. Scott, there is a
17 gentleman at the back. Do you mind if I recognize him?

18 THE PUBLIC: Now, Mr. Scott, if you
19 don't think the universities have already got mental
20 olympics you should try going through one of their
21 registration days.

22 MR. SCOTT: Well, you know better about
23 that than I do. Then I would ask the youth again --
24 I am giving you a solution -- in other words, I want
25 to give you a counter-attraction to the drugs. This is
26 all I'm here for today, and another thing that bothers
27 most of us, including the government, is this bilingual,
28 bicultural problem, and here again I feel that youth
29 should unite first -- that is, Quebec and the other part
30 of Canada -- to solve this problem, because of all of the

1 stupid things which the adults have left you, in my
2 opinion -- now, perhaps, I'm not a Commissioner, I don't
3 know.

4 THE CHAIRMAN: Excuse me, I would just
5 like to -- you referred, or nooded in our direction using
6 the word 'government' several times. We are an inde-
7 pendent Commission of Inquiry and we have no policy
8 on the subject at the moment and we don't in any way
9 reflect any government policy.

10 MR. SCOTT: Thank you very much, Mr.
11 Chairman, thank you. I did not know that. Where it
12 is, I feel that youth has a challenge as a part of
13 Canada to find out what is going on in Quebec at the pre-
14 sent time because I don't think any of us are very happy
15 about it; but this is an objective, I think that youth
16 should take up and challenge, but there is only one cul-
17 ture in Canada, not two. That is the youth culture, or you
18 can call it the computer culture, everyone in Quebec had the
19 use of the modern advantages of science and industries
20 as we do here. But they are bilingual, and to prove the
21 point -- to prove this point, I want any of you to prove
22 to me, or present to me one French Canadian, one French
23 speaking Canadian that will find fault with an English
24 speaking Canadian because England produced Shakespeare
25 or Newton or any of the other things that England was
26 famed for in the realms of art, literature, science and
27 ipso facto can we find an English speaking Canadian, an
28 English speaking Canadian that can fault a French
29 speaking Canadian, a French Canadian, because they
30 produced Voltaire or their good wine, or their wonderful

1 women or their wonderful songs, their wonderful dress,
2 or the scientific achievements they are famous for, but
3 I want you to think, I want you to think. Because here
4 you have two groups of people. Youth, I am speaking of
5 now because it is mostly youth that is rebelling at
6 language in Montreal as far as I can see and as far as
7 I read in the papers, and youth should get together on
8 this. I feel it is a challenge to youth and I feel that
9 this should be pointed out and you should get together
10 because we agree on a common culture, but the only
11 difference is if one expresses a culture in one language
12 for French and the other expresses the same culture in
13 a language called English and we end up there arguing
14 with one another.

THE CHAIRMAN: There is a lady at the
back.

THE PUBLIC: Yes, I am very much of course
-- very much in accord with the idea of unity in the
country, however, I would perhaps take some -- I am part
of this establishment being a parent. However, I have
personal experience with drug problems in my family
and I would like to say that I feel that perhaps we
should deal with Victoria and the drug problem here,
that the non-medical use of drugs, I have found, is
perhaps a bit more widespread than is commonly known
and I have also found that -- I feel anyway -- there is
a great need for more information to parents -- not only
to parents but to adults, without parents, to awareness
of the problem, and I am not, having the experience I
had with one of my own children, I can see lots of
reasons for young people becoming involved with drugs.

1 News media have expressed recently in an article that
2 it is a form of escape, you can see -- I can see this,
3 it is a form of curiosity, I can also see this, it is a
4 part of wanting to be in with the crowd, I can see this.
5 However, we may experience -- I have also seen that a
6 child -- and I call a young person at the age of fifteen
7 upwards, still a child, I have seen how immediately with
8 the use of marihuana, LSD, mescaline and other forms of
9 drugs, how a child gradually, quite rapidly, deteriorates,
10 and this is, of course, drug -- direct drug abuse.
11 Now, I have at this stage no solution other than more
12 information. I would like to see this. I would like to
13 hear if there is anybody who has any idea about any
14 realistic solution to how to bring about more information
15 to parents, to the older generation, and also to the
16 younger generation. I would also like to see if there
17 is any possibility of getting more medical help, psychi-
18 atric help. It is almost impossible in this city to
19 get immediate help when it is needed. I have myself
20 experienced seeing my child with only an echo effect
21 of LSD, seeing my child staggering glassy-eyed, and,
22 going to school. I tried to get in contact with three
23 or four different doctors. They are all too busy, it
24 would be too unfair to all the other students. In the
25 meantime, I am no drug expert, I do not know quite how
26 to handle the situation and how can one get the solution
27 to these problems. And they are real, and this is again,
28 I found that this is in one of the so-called middle-class-
29 high middle-class areas that drug abuse is very widespread.
30 I have heard several young people say that the drug

1 situation is out of control, that a few pushers will
2 be picked up by the police, etcetera, it doesn't make
3 any difference, they will have their business taken over
4 by others in the meantime, but it is continuing, it is
5 not becoming any -- there is no bettering of the situation
6 in Victoria and perhaps adults who do use drugs and feel
7 they know what they are doing -- fine, it is their life
8 to do what they want, but I feel that the ones who are
9 approaching young children, children down to the elemen-
10 tary school level at the age of twelve and thirteen,
11 this is perhaps rather critical and it is happening.

12 MR. SCOTT: Well, I couldn't agree with
13 the last speaker more -- more with what she said, but
14 we are on another solution. She did not give a solution,
15 so if I could still end up with my -- I have one more
16 note to make about the solution and then I can answer
17 questions if that is your desire, Mr. Chairman.

18 After the last speaker spoke, you
19 reminded me again of a third of the world who solved
20 this drug problem, and how did they solve it? What was
21 the solution? I will tell you the solution. It was
22 that Mao Tse Tung recruited youth who pledged themselves
23 not to smoke opium and it was those troops of Mao Tse
24 Tung's youth who licked Chiang Kai-shek's troops who
25 smoked opium. And if anyone want to challenge me on
26 that, then I have the highest references documented by
27 American scholars on this very question, and I say ---

28 THE CHAIRMAN: Excuse me, Mr. Scott.

29 THE PUBLIC: Do two wrongs make a right?

30 THE PUBLIC: Do you advocate a civil war?

1 MR. SCOTT: I will tell you this: I heard
2 a healthy congregation on that ---

3 Yes, I know, I can be scorned, ridiculed
4 and laughed at, but wait and see.

5 THE CHAIRMAN: Excuse me, ladies and gen-
6 tlemen, I'm going to call now on Mr. Adam Beatty,
7 Chairman of the brief Committee of Greater Vancouver
8 Alcoholism Foundation.

9 MR. SCOTT: Thank you very much, Mr.
10 Chairman.

11 THE PUBLIC: Just before we lose the
12 train of thought, Mr. Chairman, the lady who just
13 appeared asked for an answer, seeking an answer. We are
14 in Victoria, she has a problem. I would just like to
15 suggest that an immediate solution to her problem is
16 that -- she has no one to turn to. There is no centre, a
17 twenty-four hour information centre in which she could
18 dial a number and say, "I have a problem, one of my
19 children has taken LSD, and where do I go for help?"
20 In this regard, I would just like to suggest to the lady
21 that out of this meeting, perhaps a group of us could
22 get together, pool our resources, professional, technical;
23 volunteer help and perhaps see about setting up
24 a twenty-four hour telephone system number in which anyone
25 who has these problems could dial a number and professional
26 help would be right on the way.

27 THE PUBLIC: Exactly. Hear, hear.

28 MRS. ROGERS: Mr. Chairman and Commis-
29 sioners. I would like to bring to your attention the
30 fact that the Fire Department in Vancouver at least, has

1 an Emergency Squad, and boy, are they great. They will
2 come to you in a matter of minutes. And I would be
3 frantic if I were a parent and had a child in this
4 state, and can't we set up something for these parents
5 who are going through this stress. I commend to you the
6 Fire Department. If that is the only solution, they
7 are great.

8 THE CHAIRMAN: Dr. Beatty, would you
9 like to proceed?

10 THE PUBLIC: Mr. Chairman.

11 THE CHAIRMAN: Excuse me, I have
12 invited Dr. Beatty. Dr. Beatty, would you like to
13 introduce your colleagues please and proceed.

14 DR. BEATTY: Mr. Chairman and members
15 of the Commission, ladies and gentlemen, the gentleman
16 on my right is Mr. Reg Clarkson, who is Executive
17 Director of the Alcoholism Foundation of British Columbia,
18 Victoria Branch, and on my left is Mr. Hugh Roberts, a
19 technical assistant.

20 MR. CLARKSON: Mr. Chairman, we have two
21 copies of the brief and we have a great deal of informa-
22 tion that we are going to present, statistical infor-
23 mation. Now, we did want to read out our authorities
24 for this. If there is anyone on the Commission who was
25 going to question whether or not we had authorities for
26 them, we could give you these two copies.

27 THE CHAIRMAN: I wonder if it would be
28 possible to pass one of the copies to us.

29 MR. CLARKSON: We will give you two.

30 THE CHAIRMAN: Oh, that is find, thank

5 MR. CLARKSON: We have a summary. We
6 could present that and then perhaps you could see
7 whether or not you wanted us to be more extensive.

1. The social damage from alcohol is one hundred times greater than social damage from the non-medical use of all other drugs combined.

3. Canadians high on alcohol contri-
buted to approximately 3000 highway deaths in 1968 and
9000 permanently disabled.

4. In Canada 120,000 women with 300,000 children are receiving social assistance because of problem drinking.

5. There are 300,000 alcoholics in
Canada and they directly affect the lives of 1,200,000
other Canadians.

25 Our recommendations for action, I will
leave until later.

you
I would like you to read/the preamble,
a brief of the Greater Victoria Association on Alcoholism
to the Commission of Inquiry into the Non-medical Use of
Drugs. The Greater Victoria Association on Alcoholism

1 welcomes the opportunity of presenting its views and
2 proposals to your Commission of Inquiry and ventures a
3 hope that as a result of its hearing, investigations
4 and consideration, major improvements will be recom-
5 mended by the Commission, and adopted by governments to
6 lessen the deleterious conditions produced by the use of
7 drugs in our society.

8 Our Association is a body set up by people
9 representing a large cross section of educational, reli-
10 gious, health and social welfare groups in the Capital
11 City area. The School Board and Trustees, the Parent-
12 Teachers Council, Metropolitan Board of Health, the
13 Mental Health Clinic, the Community Welfare Council, the
14 Alcoholism Branch of the Medical Association, the Alcohol-
15 ism Foundation of B.C. - Victoria, Branch, the Alcohol
16 Research and Educational Council of B.C., the Greater
17 Victoria Council of Churches, the Anglican, Roman Catholic,
18 United, Presbyterian and Lutheran Churches, the Salvation
19 Army, the Religion-Labour Council, the Armed Forces and
20 persons associated with Alcoholics Anonymous, all played
21 a part in its formation.

22 It is the purpose of the Association to
23 co-ordinate concern and action for better care and re-
24 habilitation of victims of alcoholism, Second, establish
25 some form of institutional care, and this has already
26 begun in a modest way in Victoria, with the establishment
27 of the Half-way Houses for alcoholics.

28 Help inform the public of the effects of
29 alcohol on human life, and do what it may in the field
30 of prevention, and to encourage the reduction in use of

1 | alcoholic beverages and the maintenance of sobriety.

2 | The Greater Victoria Association on
3 | Alcoholism feels that alcoholism is a drug problem over-
4 | shadows all other drugs combined to such an extent that
5 | the ratio of social damage is something like 100 to 1.
6 | There is no way of empirically proving this figure but
7 | the firm evidence on the social damage caused by
8 | alcohol is so staggering as to make this ratio reasonable.

9 | In North America in 1968 drivers high on
10 | alcohol killed 30,000 people and permanently disabled
11 | 500,000. These figures truly defy not just a person's
12 | intelligence but even a person's imagination. To sensa-
13 | tionalize drugs other than alcohol is not only senseless,
14 | it is immoral. Society needs to wake up to alcohol and
15 | any public effort to deal with drugs must recognize the
16 | social devastation caused by alcohol and present the
17 | proper perspective between the use of alcohol and the
18 | use of other drugs.

19 | The firm evidence available on drug use
20 | by young people in the Toronto area indicates that with
21 | the exception of alcohol and tobacco, the non-medical
22 | use of most drugs is largely experimental.

23 | Alcohol in social pathology: The average
24 | age at which persons have their first drink is eleven,
25 | and from age nineteen about two-thirds drink temperately,
26 | moderately or heavily. About one-third of the adult
27 | population comprises virtual abstainers, female out-
28 | numbering male abstainers. Male outnumber female
29 | alcoholics at least three to one. Combined, they con-
30 | stitute in Canada about three percent of the total popu-

1 lation, and in the U.S.A. about five percent of the
2 adult population and appear to be increasing in
3 prevalence. About fifty percent of all alcoholics were
4 nurtured in part by excessively drinking parents, grand-
5 parent, elder sibling, uncle or aunt. The alcoholic's
6 life span is at least a decade shorter than non-alcoholics.
7 About twenty-five percent of patients in mental hospitals
8 and in general hospitals are problem drinkers. About
9 forty percent of suicide attempts are made under the
10 influence of drink and about thirty percent suicide
11 completions are made under the influence of drink. Each
12 alcoholic's cost to his employer is equal to about
13 twenty-five percent of his salary. About fifteen per-
14 cent of alcoholics are un-employed. About one-half of
15 these living on skid-road. Problem drinking exists in
16 about twenty percent of the families on social assistance
17 and in about thirty percent of social welfare non-
18 support cases. About twenty-five percent of all traffic
19 accidents are drinking driver accidents. About
20 fifty percent of fatal traffic accidents are drinking
21 driver accidents, and at least fifty percent of
22 drinking drivers in accidents are alcoholics or pre-
23 alcoholics. Most killed pedestrians are under fifteen,
24 over sixty-five, or drunk. Accordingly, Canadian and
25 American drinking drivers kill about 30,000 persons per
26 year, partially or totally disable at least 500,000
27 persons per year and cause property and personal damages
28 costing at least \$2,500,000,000 per year. For every
29 criminal assault committed by someone when sober, ten
30 criminal assaults are committed under the influence of

1 alcohol. About sixty percent of arrested felons are,
2 during the commission of the felonies, under the in-
3 fluence of alcohol. About forty percent of penitentiary
4 inmates are alcoholics, alcoholism being less common
5 only than sociopathy or psychopathy in convicted
6 criminals. Criminals with drinking problems mature
7 out of criminal activity on the average, several years
8 later in life than do criminals without drinking problems.

9 We have following this a list of refer-
10 ences from which this information was obtained.

11 The following statistics indicate
12 further the social damage caused by the use of alcoholic
13 beverages. There are 28,150 alcoholics in British
14 Columbia. These people directly affect the welfare of
15 110,000 other British Columbians. Approximately seven
16 percent of all people in British Columbia are affected
17 adversely by alcoholism. In the ten year period, 1954
18 to 1964 there has been a nineteen percent increase in
19 the net incidence of alcoholism in British Columbia.
20 W. Warner, in his 1967 presidential report to the
21 Annual Meeting of the Alcoholism Foundation of British
22 Columbia, stated, and I quote, "Alcoholism is a public
23 illness that is out of control. Second, between forty
24 and fifty percent of broken families receiving welfare
25 assistance payments on Vancouver Island are doing so
26 because of alcoholism. Marriage authorities agree that
27 alcoholism causes incurable damage to personal and
28 family life and it is a leading cause of separation,
29 divorce, desertion, and emotional problems. Third,
30 up to twenty percent of first admission to mental

1 hospitals are as a result of alcoholism. Fourth,
2 according to life insurance statistics the life span
3 of an alcoholic is twelve years shorter than average.
4 Fifth, ninety-five percent of alcoholics are employable
5 and cause a hidden loss of productivity and an increase
6 in fringe benefit expenses. John (McKeifer) , M.D.,
7 Director of Psychiatric Services of the United States
8 Steel Corporation has stated, "Alcoholism is the largest
9 behavioral
10 single problem in industry". Two to three percent of
11 B.C.'s work force suffer from alcoholism, yet industrial
12 alcoholism programs are almost non-existent. Six,
13 convictions for drunkenness in B.C. rose from 16,637 in
14 1954 to 35,331 in 1965 and convictions for impaired
15 driving for the same period rose from 2,462 to 4,311.
16 Seven, the most tragic results of the use of alcoholic
17 beverages occurs on the provinces roads. In 1967 there
18 were 569 people killed and 1,573 permanently dis-
19 abled. In fifty percent of road fatalities a significant
20 amount of alcohol was found in either the driver or
21 victim, and in permanent injury cases, the rate is
22 between twenty-five and forty percent. Annual property
23 damage caused by drinking and driving is in the millions
24 of dollars. In 1968 \$11,000,000 in B.C.

24 Alcohol is hazardous even in moderation.
25 Aside from being addictive and increasing the chances of
26 accidental injury, quantities insufficient to inebriate
27 interact dangerously; defective hearts, infected livers,
28 unstable blood sugar levels, latent epilepsy and bar-
29 bituric medication. Various correlation studies reported
30 and
in since 1965 in a few numbers of research reports,

1 National Liberty Life Insurance Company, strongly
2 indicate that alcohol is carcinogenic. One drink more
3 or less destroys irreplaceable brain cells. Co-researcher
4 Alan H. Knightsly, reported to the twenty-eighth 1968
5 International Congress on Alcohol and Alcoholism, that
6 The American Medical Association now opposes alcohol use
7 as a beverage and even as a medicine.

8 Recommendations: ---

9 MR. CLARKSON: Perhaps we should stop
10 there or do you want us to continue?

11 THE CHAIRMAN: I would like to ask a
12 general question. Dr. Beatty, assume that on the basis
13 of what you just told us about alcoholism, a decision
14 was taken in the Parliament of Canada to make drinking
15 a criminal offence and a law was enacted in that form,
16 what do you think would happen?

17 DR. BEATTY: May I refer this question
18 to Mr. Clarkson?

19 MR. CLARKSON: Well, having given a lot
20 of thought to what should be done about alcohol, in order
21 to -- in order to deal with the social damage, I would
22 say that it would be a ridiculous thing to do -- I don't
23 think society would -- they would laugh at you, even
24 though the damage -- even though the damage, the social
25 damage might for a person like myself, justify pro-
26 hibition. I would like to see prohibition, but that --
27 to step from there to criminal activity -- I don't think
28 prohibition would work, but to step from there to
29 criminal activity I think would be a ridiculous thing,
30 senseless, cause all sorts of problems just as it is

1 doing with marihuana, say.

2 Now, even prohibition with -- to work
3 outat prohibition with a minimum penalty for people
4 that want prohibition, I don't think this will work and
5 that's why we would recommend that some sort of education
6 is the only hope, but I think that we can certainly
7 learn from the approaches to alcohol if this is what
8 seems, what the Commission is interested in and probably
9 explains why you have ignored alcohol, must be that this
10 is what you are concerned with to find some solution of
11 how to deal with marihuana, say. Well, I would think
12 that barring the problem that Mr. Lehmann brought up,
13 that marihuana may be physically damaging and therefore
14 can you approve it if you know this, even in a minimum
15 number of cases, I don't think you could approve it,
16 you would have to make it -- you would have to make it
17 illegal or at least you couldn't -- under The Food and
18 Drug Act you couldn't approve it, but then -- then comes
19 the next question, and what sort of a penalty do you put
20 on the people who still bring it in illegally and use it?
21 Well, and this is a personal opinion, I would think that
22 you would have a very minor penalty similar to what you
23 do if a sixteen year old or under sixteen year old buys
24 cigarettes. Because I don't feel from the -- what is
25 happening in society because of the damage of alcohol,
26 if anything, marihuana may prove to be an asset because
27 it reduces -- it reduces alcoholism which we already
28 have -- as we say, the statistics -- the social damage
29 which staggers your imagination, to which we -- to which
30 we take for granted. So that would be -- that would be

1 my recommendation as far as marihuana and the other
2 drugs, other drugs that you are concerned with. Now,
3 my view, I feel that the Toronto study on high school
4 students is -- is very representative of what high school
5 students are like, and that the majority of them are
6 using drugs experimentally and there isn't a social
7 problem, and that this is -- this terrific fear that we
8 have expressed by so many people can be explained
9 culturally through, you know, the victorian attitude
10 towards forcing other people to act ethically like we do
11 and this sort of thing, but first we don't think it is
12 a social problem or is going to become a social problem
13 and one of the things I worry about -- the Commission
14 taking the approach that it does in ignoring alcohol is
15 contributing to this wrong -- wrong understanding of the
16 seriousness of these drugs, these other drugs besides
17 alcohol and tobacco.

18 THE PUBLIC: When alcohol is compared
19 with the use of drugs, why should not drugs be allowed,
20 considering that the older generation is drinking and
21 smoking, etcetera, etcetera. And I feel however, that,
22 after having listened to these statistics which are
23 unsettling, I feel that this should be a warning to us
24 because alcohol has been in use for a long, long time
25 in comparison with drugs -- no -- the way it is today,
26 I mean. In junior high schools, elementary schools also,
27 it had not been as widespread two years ago as it is now
28 and it is not -- I feel it should be a warning to us,
29 I feel that alcohol and its problems should be a warning,
30 if you compare
perhaps --/the life span of alcoholics to the life span

1 of youngsters on methedrine, for instance, I think we
2 could have quite an interesting comparison here, and I
3 feel that we also should be a little bit cautious
4 concerning encouragement of drug use until we have found
5 out -- the experts have found out definitely all the
6 side effects and the damaging effects, and if drug abuse
7 should become as widespread as alcohol abuse, I think
8 we would have a very poor society.

9 MR. STEIN: Before you continue, Mr.
10 Clarkson, I assume that you refer this to our Commission
11 because you would include within the definition of drug
12 use, alcohol as a drug, is this correct?

13 MR. CLARKSON: Very definitely.

14 MR. STEIN: You would not make a
15 distinction between drugs and alcohol, alcohol is a type
16 of drug? Is this right?

17 MR. CLARKSON: Yes.

18 MR. STEIN: Could I ask you -- you
19 mention that you see the idea of trying to control
20 marihuana by making it a criminal offence, you fear this
21 would be rather nonsensical and then you -- and then you
22 suggest something about controlling it through some kind
23 of minor penalty. Now, one of the things that I -- I
24 think we are in a quandary about, is the question that
25 when we -- is the question when we ask people about their
26 views on social controls, are, it always comes back on
27 to put it under Food and Drug. I don't know if that is
28 what you were saying -- which is still a criminal offence,
29 this is why I bring it up. That is still legislation
30 which compels a criminal record. The other part of it

1 now -- I would just make this point and then perhaps
2 you can give me further help on it -- is this: the
3 question is still, how can you legalize or make less
4 severe a penalty without also regulating as Mr. Callbeck
5 said this morning, the dispersal of the drug under some
6 kind of drug control? Any other way would be still to
7 encourage the trafficker because you reduce the penalty
8 but you haven't in any way tried to control the manner
9 in which the drug is distributed, so the suggestion
10 is made to us that if there is going to be any consider-
11 ation of lessening penalties so that it isn't a criminal
12 offence, then there would also have to be consideration
13 of something where the government is provided the drug
14 through some dispensary. Do you have any comments on
15 the whole question of penalty and how it would be dis-
16 pensed?

17 MR. CLARKSON: Well, I don't want a
18 severe penalty. I don't think it warrants -- what I
19 know about it, it does not warrant the severe penalty,
20 the problem becomes of us approving the manufacture
21 of a substance which could cause severe physical damage
22 but, of course, we already have this in tobacco you see,
23 it's a poisonous substance, right? Why do you let them
24 make it? But getting around the problem, I mean, I want
25 some way of getting around the penalty. I don't think
26 it is a tremendous problem for people to smoke marihuana
27 you see, and I don't think that that is any great
28 problem, but yet I am well aware that there may be a
29 great technical problem here of letting people manufacture
30 a substance which -- Mr. Lehmann pointed out there
is some evidence that in some cases, representative

1 cases, it is very dangerous, you see. And that is what
2 I want to get around. I'm not so sure at this stage
3 I would even bother with it -- at this stage of the
4 social problem involved there -- I'm well aware of the
5 failings of the way you smoke or anything -- I'm not --
6 I know of personal cases like that, but any child who
7 similarly, you know, when children die in old refri-
8 gerators or something, anybody who is involved in that,
9 I mean the tragedy is enough to make you very much
10 concerned about old refrigerators not being broken up
11 and with things like that, but -- so -- this is what I'm
12 trying to get at. I want to avoid this idea that society
13 is going to tell the people how to live their lives. I
14 don't think that is a good thing for society either.
15 Now, does that answer the question?

16 THE CHAIRMAN: Gentleman at the back
17 of the room.

18 THE PUBLIC: Mr. Clarkson, I am just
19 a parent and my children are too young as yet to be
20 involved in alcohol or drugs or so on, I hope, but one
21 problem -- I was involved in jury duty about six, seven
22 months ago and you mention there is no social problem --
23 no great social problem as compared to alcohol, marihuana
24 I don't address myself to LSD or heroin, but out of three
25 young people who came before us, three of them were con-
26 victed. And as an ordinary citizen -- not that I want
27 them to use drugs, but all three got convicted. All three
28 were sent to jail and it's just a matter that as an
29 ordinary citizen, I felt sick. Now, this is going on all
30 over Canada and the United States, there you have a very
serious social problem. If youngsters, and this goes up

1 to the age of about twenty-one, twenty-two, are sent
2 to jail for use of a substance that we cannot even say
3 is positively dangerous or addictive, and I saw -- we
4 sent one to jail for two years -- mind you, this was
5 for the purpose of trafficking, but a very normal
6 fellow who had this one habit, then I say this is a
7 real serious problem. By the time I become an alcoholic,
8 usually thirty-five or thirty years old -- I as a
9 parent, don't know, with my kids what to discuss and
10 I must really honestly say something -- I wish that if
11 they were to use anything to excess, I would rather see
12 them use marihuana to excess than alcohol to an excess.
13 And then I say, the final thing is this -- I just came
14 from the Y.; I didn't even know this hearing was on, but
15 I saw it in the paper so I thought I would come down --
16 I talked to my son last night. He is thirteen; he sees
17 me drinking, he sees me smoke; I drive a car to class.
18 Now, I know the state must look -- all the citizens must
19 look out after the welfare -- we are each other's keeper,
20 but we cannot prolong life indefinitely. Some fifteen,
21 twenty, years ago, I used to go to the liquour store
22 in Ontario, I would register my name, I would get a
23 license for one year and every time I would buy a bottle
24 of liquour my name was added on, the government collected
25 its \$5.50 which all goes to taxes. Then there was a fur-
26 ther law so that I could not drink in my automobile, I
27 could not drink on the beach and must drink at home.

(The next page is 104)

1 Now all these laws were in force. All that I'm saying
2 is that if it can be proven -- this is my sincere
3 hope -- if it can be proven that marihuana is not
4 seriously addictive -- I'm not talking about opium
5 or heroin or LSD -- these are out as far as I am
6 concerned, but this is what I do not know -- this is
7 what I don't know, whether marihuana leads to heroin,
8 but if it does not for the great majority, then I
9 might suggest that the Canadian government might
10 permit the sale of marihuana cigarettes, twenty to
11 a box, \$5.00 a box, to knock out the trafficking.

12 All that I'm saying is that we do
13 have a social problem. When we send children -- young
14 men and women, eighteen, nineteen, twenty, are sent
15 to jail and then they look them right in the eye and
16 say, "Sorry, pal, we do not really know if it is
17 truly addictive." And all I say is this, that if
18 they are going to be sent to jail then let us know
19 why. If it is dangerous then we could outlaw marihuana,
20 no gimmick. But if it is a pleasurable thing to them,
21 slightly addictive as alcohol is, I believe you say so
22 is aspirin, and you know even milk forms cholesterol. Are
23 you going to outlaw milk? Let some people take some risk
24 and if to a marihuana smoker, if it is not seriously
25 injurious, let somebody in society not be the total
26 judge of everything. That's all I'm going to say.
27 I'm going to go home to my six kids now. Thank you.

28
29 (The next page is 105)
30

1 MR. CLARKSON: I think maybe
2 Mr. Lehmann could point out the problem that he pointed
3 out this morning, to the gentleman, that we have this
4 evidence and I think the people who want the marihuana,
5 I think you have to look at the technical problem of
6 approving, for some manufacturer, the right to manu-
7 facture a product which in some cases is extremely
8 dangerous to possess. What can we say to that, what
9 do we say to the manufacturer when he comes for a
10 license to make this stuff. You see that is when it
11 becomes a problem. Have I understood that correctly,
12 Mr. Lehmann?

13 DR. LEHMANN: Well, all the evidence
14 today is that marihuana is not seriously addictive,
15 certainly not more than alcohol, and that also it does
16 not lead directly to heroin so I think that that one
17 might disregard for all practical purposes, that serious
18 threat. But there is the potential threat that not only
19 physical damage but personality damage, that is, mental
20 damage, might occur if it is used over a long period
21 of time because we have no evidence on this, and the
22 law now does not allow any other drug to be allowed on
23 the market even for use under prescription, except when
24 we have this evidence. So, we would have to make an
25 exception for marihuana.
26

27 THE PUBLIC: Just a brief answer, please,
28 to the previous gentleman. I agree that I do not feel
29
30

1 that jail sentences are helpful in the cases of
2 marihuana. We need other forms of help. However,
3 this gentleman has not lived with a marihuana abuser
4 and my only answer is, in a way I hope he won't have to.
5 The personality changes are fantastic even only with
6 the use of marihuana. Addicting or not, it changes the
7 personality very drastically and that is not only my
8 experience but many other parents' experience.

9 MR. CLARKSON: Mr. Chairman, we are sure
10 getting a long way away from our brief. The question
11 you asked, certainly questions on a personal level I
12 believe were referred to me and I answered it personally,
13 and I would like it understood very clearly that our
14 brief has nothing to do with marihuana, recommending
15 marihuana or anything else. All we are concerned with
16 is finding out the social damage caused by alcohol and
17 some recommendations in the use of alcohol.

18 THE CHAIRMAN: Well, you have suggested,
19 Mr. Clarkson, that we must pay attention to your
20 experience with alcohol -- that they maybe suggest answers
21 for marihuana. That is why I allowed that interruption.

22 MR. CLARKSON: Yes, the answers to the
23 questions, the answers I gave were personal answers. I
24 hope you appreciate that.

25 THE CHAIRMAN: I think most of the
26 answers we are getting here today are personal. Would
27 you like to resume your presentation, excuse me, if you
28 don't mind, would you like to continue with your
29 presentation.

30 MR. CLARKSON: The following are recom-

1 mendations submitted. Preventive education: There are
2 four factors in the cause of alcoholism. These are the
3 drug, ethyl alcohol, the emotional make-up of the
4 consumer, the cultural attitudes towards excessive use
5 of alcoholic beverages, the habitual use of alcohol as
6 a drug for the consumer's feelings. Without effective
7 prohibition and the prevention of poor emotional health
8 in people, the only causative factor -- factors that
9 can be changed are the cultural attitudes towards
10 inebriation and the habitual use of the drug by pros-
11 pective patients. Through public education it should
12 be possible to change the attitudes of people about
13 accepting and encouraging inebriation. This action in
14 turn would make the habitual use as a drug difficult
15 because of social ostracism. Cultures such as the
16 Jewish culture, have been able to develop a respect for
17 alcohol as a drug, and even though alcohol is used
18 frequently by many Jewish people, there is almost no
19 alcoholism because inebriation is not accepted socially.

20 What is required is a massive public
21 education program that would inform people of the social
22 damage that is being done by alcoholic beverages and of
23 the need for people to drink responsibly if they are
24 going to drink at all. We must create a social con-
25 science about inebriation that at any time, at any place,
26 it will be considered unacceptable behaviour. It must
27 become unacceptable because of the massive tax bill and
28 the human suffering attached to the cultural acceptance
29 of inebriation. The approach of responsible use through
30 education is supported by many authorities, for example,

1 The Vancouver Sun, 4th of February, 1969: "'There would
2 be less need for liquor control if drinkers took a more
3 responsible attitude,' a former B.C. liquor probe chair-
4 man said Monday. 'I think a good deal of blame must be
5 placed on the consumer', said H. H. Stevens, who headed
6 the 1952 B.C. Liquor Inquiry Commission. 'I think if
7 people exercised more responsibility in their drinking
8 there wouldn't be the need for so much drinking legis-
9 lation.' Another example, the United Methodist Church
10 General Conference held in Dallas, U.S.A. in 1968 - The
11 General Conference ...adopted a far reaching resolution
12 on alcohol problems recommending abstinence and stressing
13 social responsibility...The new stand of the church relies
14 on individual understanding and requires an educational
15 approach rather than relying on legal restraint and
16 requiring code enforcement."

17 In order to bring about the change of
18 cultural attitudes large amounts of money will have to
19 be spent on the mass media, particularly T.V. Fortu-
20 nately there are large amounts of money available from
21 the sale of alcoholic beverages. The present provincial
22 budget anticipates a net profit of \$58,000,000. The
23 present direct government education expenditures - -
24 this is in regard to alcoholism - - constitute one-tenth
25 of one percent of this amount of money. Raising educa-
26 tional expenditures of the net profit to one percent
27 would provide \$580,000. This would be a minimum figure
28 and surely a very modest one, but it would provide for
29 an enlargement of present educational work which is
30 really token and a start on a more effective program for

1 the general public, for youth, industry, and for pro-
2 fessional personnel. This approach was recommended by
3 the Honourable H. H. Stevens in the Vancouver Province,
4 22nd of February, 1969: "There should be a marked
5 increase in financial aid for prevention and treatment
6 of alcoholism".

7 To link the expenditures on prevention
8 with the income from alcohol, has the advantage of
9 preventing both government members and citizens from
10 losing sight of the direct connection that exists between
11 the use of alcoholic beverages and the social damage that
12 results from these.

13 Alcoholism is an incurable progressive
14 illness. Present efforts to treat alcoholics have very
15 little success because the illness prevents the patient
16 from recognizing that he is sick and is need of treatment.
17 Less than ten percent of alcoholics make a serious
18 effort to get treatment for their alcoholism. The
19 difficulty of recovering from alcoholism makes it all
20 the more necessary that prevention be stressed.

21 The Commission should also point out
22 the need to provide special hospital beds or detoxication
23 centres for alcoholics. Most large population centres
24 such as Vancouver and Victoria require detoxification
25 beds where inebriated persons can be brought by the
26 police or relatives for immediate care. To substitute
27 a drunk tank as a hospital ward because of a shortage
28 of funds when so much revenue is produced by liquor
29 sales is barbaric, and it is another example of failing
30 to see liquor sales and human suffering from drunkenness

1 as inseparable happenings. Vancouver Sun, 14th May,
2 1969 item: "The Vancouver Medical Association voted
3 Tuesday to support the creation of a treatment centre
4 for alcoholics after the head of its jail advisory
5 committee said deaths will result from conditions at
6 city jail.

7 Dr. John Dick said a society for the
8 proposed centre would have to be set up to raise private
9 capital toward the salary for a director for the centre.
10 He told the annual general meeting of the VMA that the
11 jail advisory committee had been set up the previous
12 year because so many alcoholics had died at the city jail.

13 'We're still having deaths - we'll
14 always have deaths as long as our message doesn't get
15 through and the milieu at city jail is allowed to con-
16 tinue,' he said.

17 Dr. Dick said police officers, doctors
18 and members of hospital staffs don't like alcoholics
19 because they interfere with their jobs.

20 'There's a feeling in the hospitals
21 against the alcoholic', he said.

22 'They don't like him - they want him
23 to go away. But it's about time the profession helped
24 this person'.

25 He said one way to help would be for
26 the Vancouver Medical Association to support strongly
27 establishment of the centre and a society for it.

28 'We have to have a society and we must
29 set up this society as quickly as possible,' he said."

30 The meeting voted unanimously to push

1 for both centre and society.

2 Breath Tests: The Commission should
3 recommend that the Attorney General give the highest
4 priority to combatting the drinking and driving menace.

5 The new breath test law should be
6 rigorously applied along with the use of maximum penalties.

7 "In Britain over the first twelve'month
8 period of compulsory breath tests figures confirm the
9 earlier indications of considerable decreases in casualties
10 late at night and in the early morning hours. Between
11 10 p.m. and 4 a.m., casualties decreased by thirty-three
12 percent, compared with four percent during the rest of
13 the day. In total, 8,805 fatal or serious casualties
14 were saved during these late night hours, representing
15 almost three-quarters of the total savings in the twelve
16 months. This general picture was reflected on all days
17 of the week, but was most marked late on Saturday night
18 and early on Sunday morning, when casualties fell by
19 forty-two percent and forty percent respectively."

20 Practical Research: Efforts should
21 be made to provide accurate records that will indicate
22 the direct costs brought about by alcoholism. These
23 records should cover such areas as general hospital and
24 mental hospital admissions, blood alcohol levels of car
25 drivers involved in accidents, families forced onto the
26 welfare rolls by alcoholism, industrial accidents and
27 absenteeism resulting from alcoholism and deaths caused
28 by excessive use of alcohol.

29 Advertising: Any preventive education
30 program will be ineffective if it is not coupled with a

1 strict control of advertising for the use of alcoholic
2 beverages. Controlling or banning the advertising of
3 a popular product like alcohol is a serious social action
4 that can only be justified by a definite social need.
5 The social damage statistics on alcoholic beverages
6 supply such a need. Present pro-alcohol advertising
7 causes people, especially young people, to become
8 alcohol users. It also strengthens the false idea that
9 success, sophistication and happiness require the use
10 of alcohol and that alcohol is not a dangerous drug.
11 The controlling or banning of pro-alcohol advertising
12 will in itself be an important educational action. The
13 social damage caused by alcoholic beverages justifies
14 also labelling that states alcohol is an addictive drug,
15 even though alcohol causes addiction in only three
16 percent of users. The action of labelling alcoholic
17 beverages as addictive could be an important educational
18 action.

19 And, Mr. Chairman, I shall close with
20 the final paragraph in our summary, recommendations for
21 action, and these are five:

22 (a) a massive advertising campaign on
23 the safe use of alcoholic beverages;

24 (b) the strict control of alcohol ad-
25 vertising;

26 (c) the provision of hospital beds for
27 alcoholic withdrawal;

28 (d) strict enforcement of the new Federal
29 breath test for impairment;

30 (e) practical research to establish the

1 dollar costs of alcohol use.

2 Thank you very much.

3 THE CHAIRMAN: Thank you, Dr. Beatty,
4 and Mr. Clarkson, thank you very much.

5 The gentleman at the microphone?

6 THE PUBLIC: Yes. If I have a tendency
7 to be subjective, you must forgive me because it is
8 merely on my experience in relating this to you.

9 THE CHAIRMAN: Could you speak a
10 little closer to the mike.

11 THE PUBLIC: Yes.

12 I have used weed on innumerable occasions
13 over a period of two years and although I am for the
14 legalization of the drug, I am against its use. There
15 are people who will use psychedelics and the law is no
16 deterrent, and with the legalization of marihuana, many
17 will not go on to methedrine or heroin, who would other-
18 wise do so. Also, as in the case when alcohol was
19 legalized in the United States, a drop in alcohol
20 consumption occurred, and I have the hope the same would
21 happen if marihuana were legalized. What marihuana did
22 to me, combined with mescaline and LSD, was create
23 confusion in my mind. I would withdraw into a state of
24 anesthesia where my body was functioning normally, but
25 I just wasn't there. I was in a state where there was
26 no time, no energy and no space. In that time, I could
27 have been run over by an automobile and be totally
28 unaware of the danger of it approaching. Apparently
29 for some months in the spring of 1968 I would hitchhike
30 every day to university and back and attend classes and

1 I cannot remember having done that. The urban question
2 is dangerous and these extreme psychotic behaviours,
3 some never come out of this state where they are a
4 vegetable and I wonder if the mothers of invention aren't
5 hearing their words echoing back to them, call in a
6 vegetable and the chances are good that the vegetable
7 will respond to you. I wonder if these words aren't
8 coming back to them now. I found that my pursuits in
9 religion were quite -- quite increased. I became in-
10 terested in existentialism more than I was before, Zen-
11 Buddhism, Daoism, Hinduism. I took on transcendental
12 meditation while turning on at the same time which had
13 a cataclysmic effect of bringing on depression to the
14 point of contemplation of suicide. I became interested
15 in Quija Boards, seances, and fortunately I did not
16 pursue any of these activities. But I think what we
17 have here is no solution in the law itself, not even
18 the psychiatrists seem to think they have the solution.
19 I found the solution for myself and it may sound absurd
20 to you and it is totally a subjective viewpoint. The
21 solution for me was Jesus Christ. In the New Testament
22 the word, "sorcery", and the Greek translation is
23 "pharmacia" which pertains to the use of drugs, and
24 many of you know the Snake and you know he was in
25 Esondale(sic), and he was a warlock, and unknowingly
26 what you ^{end}eventually/up in is what primitive societies
27 have, witchcraft, and the whole head sub-culture is
28 heading that way. When somebody personally relates an
29 experience of watching somebody being levitated and
30 disappearing into a cloud of blue smoke, never to be seen

1 again, things are getting pretty heavy, and if you
2 want to ignore that and be an empiricist, fine, but I
3 don't think empiricism is the viewpoint to take any more.
4 What we are dealing with here, is a spiritual area,
5 which I transgressed upon and which I did not understand,
6 and had no way of relating to the present reality that
7 I am in right now. And it blew my head. And I was
8 insane for some weeks. But keeping it illegal isn't
9 the answer. Right now I don't think the use of
10 marihuana is as heavy as it was earlier; I think the
11 use of methedrine has replaced marihuana. I do not --
12 every time somebody cranks speed, rarely do I hear of
13 anyone turning on to the weed anymore. Of course, this
14 may be very subjective, but this is what I have observed.
15 I'm sorry.

16 THE PUBLIC: I have a few things to
17 say that I jotted down.

18 MR. CLARKSON: Mr. Chairman, may we
19 be excused?

20 THE CHAIRMAN: Thank you very much,
21 gentlemen.

22 THE PUBLIC: I might say that, as to
23 what the last speaker said, he did say it was a highly
24 subjective experience and I am inclined to believe
25 that the weed affects different people different ways
26 and the idea that you are going to submerge yourself
27 in a mystic sub-culture need not necessarily happen.
28 The weed has become associated with hippies and it is
29 not necessarily that the two are connected except that
30 perhaps hippies have found a little more freedom of
expression and this feeling causes them to have to, or

1 to take the drug, more so than alcohol. Alcohol is the
2 older person's drug but I think quite conceivably
3 marihuana could become the older person's social drug
4 if it were legalized and people started trying one or
5 the other; I think they'd probably prefer marihuana.
6 But I think one point that he made was very good in
7 that I am for the legalization of marihuana, but the
8 thing that is happening is I don't think there is any
9 research that ^{there to be} has been shown/any chemical ties
10 between marihuana and more powerful drugs, addictive
11 drugs such as heroin and that. There may be a psycholo-
12 gical thing that once you try marihuana you feel you
13 want to get higher, higher all the time, and so you go
14 on to the bigger and better drugs. This need not
15 necessarily happen, although, it does/follow logically
16 that this necessarily happens. The other thing is that
17 marihuana is pushed by people who also are in association
18 with other aspects of the drug trade and I think the
19 real killer here is speed in all its forms. Like, I
20 have heard statistics somewhere, I don't know where
21 it was, that speed kills and the average life expectancy
22 is five years and I am sure from what research I have
23 read, that marihuana doesn't in any way reduce your life-
24 span to that extent. But getting on to what I was
25 originally going to speak on, I have two suggestions
26 or recommendations that I wanted to give the Commission
27 and then two questions that I wanted to ask them. One
28 recommendation, I gather you as a body are trying to
29 gather information and recommend things to the govern-
30 ment. Well, might I suggest that one of your recom-

1 mendations be that when the government is pushing for
2 more research on this subject that, I think it is in
3 the best interests of scientific objectivity if the
4 research were done by independent bodies, that is, bodies
5 independent of the government, for instance, universities.
6 Perhaps the government should certainly financially
7 sponsor research but definitely not have the government
8 bodies do it because I think there is a definite scien-
9 tific -- there is a definite bias there in the sense that
10 it is legal now and there is a chance that the government
11 might be trying to justify the position of making it
12 illegal by finding out -- not whether or not the drug is
13 harmful but why the drug is harmful, and that depends on
14 the scientists that are trying to discover anything about
15 it and if they know the government will be reviewing their
16 research and giving them their grants, then, on the basis
17 of what they find out about it, so I suggest that any
18 research that -- be done by independent bodies, prefer-
19 ably, I would think, universities, psychology departments.
20 The other suggestion, one of the best ways to learn
21 about anything is to experience, and now I am speaking
22 all about marihuana or hash. I had the whacky suggestion
23 that you learn through experience. If you learn through
24 experience why don't the Commission members get a
25 special dispensation from the government, buy some grass
26 and smoke it -- or not buy, I presume the government has
27 confiscated stores. This is not facetious, I am really
28 suggesting this; to understand the experience that the
29 sub-culture is going through you would have to go through
30 it yourself, I think. You can get a vicarious ex-
perience by reading "The Doors of Perception", Aldous

1 Huxley's book on mescaline, but I think to know what
2 the youth movement is talking about, I think you have
3 to get yourself involved in the movement itself. Those
4 are my two recommendations. And another thing, I imagine
5 you have read all the literature pertinent to it, but
6 I think just in case you haven't, two extremely good
7 books on the drug -- on drugs, one, "The Marihuana
8 Papers", edited by David Solomon in his collection of
9 essays, and it has essays by Timothy Leary, short
10 stories and stuff and also, I think, the full text of the
11 New York Mayor (Fiorello) LaGuardia, that had the com-
12 mission study in the drug use, marihuana use, or hashish,
13 in New York, and most of their findings were that by
14 and large it impaired you slightly but not to the extent,
15 not to the debilitating extent where you couldn't
16 function in society. Now I have two questions, and I
17 would -- actually I came here more for information and
18 I wanted to make a couple of recommendations, but if
19 any of the Commission members feel that they would like
20 to answer them, I would like to hear their views on it.
21 We have been giving our views for a while now. I will
22 read both questions out: If grass is found harmless
23 would the government really legalize it? It seems to
24 me, or I have the subjective impression of conspiracy
25 against youth, and if in fact it is found harmless,
26 would the government really legalize it, and there are
27 three corollaries to this question, one, "how much
28 proof is needed?", and two, "what constitutes proof of
29 harmlessness?". That is, should it be as harmless --
30 or as harmful as a cigarette, or less, or as booze, and

1 the third, suppose Canada found it harmless through
2 its research, it seems to me we've got a reactionary
3 government in the States. Suppose the State's Federal
4 Bureau of Narcotics still put it down. They have
5 changed their argument several times. Now they are
6 harping on the heroin business. But suppose they kept
7 it illegal, could Canada, would Canada -- in the face of
8 all the rest of the governments in the world, would they
9 legalize it? And that is the one question stemming
10 from the idea that if it is harmless, would we legalize
11 it? And another idea -- question, is, how do you feel
12 that in a free democratic society people have the right
13 to do what they want with their bodies as long as they
14 don't harm anyone else? And those are my questions.
15 If you are not inclined to answer me, it's OK, I guess,
16 but you have been going around already for a while so
17 you must have some opinions.

18 THE CHAIRMAN: Well, we have not come
19 to conclusions yet, and I don't think it is proper for
20 us to do so at this stage.

21 THE PUBLIC: Pardon me, in that case
22 I'm not asking you for an official communique or any-
23 thing, I'm asking anyone who has a personal opinion on
24 it.

25 THE CHAIRMAN: Well, when we are
26 conducting a public hearing I don't think we could have
27 a personal opinion that is relevant, that is different
28 from our public duty as Commissioners. But I don't mean
29 to evade any question. To an extent, it would not be
30 proper for us to comment on it.

1 I think that must hear as much of the people as we can and
2 must hear it from every district in Canada, every area
3 in Canada, we must do a lot more reading and take a lot
4 more advice generally. But I think we can say generally
5 that our task is to try to find the truth about this
6 phenomenon as best we can and put it in its proper
7 perspective and to tell it as honestly as we can, as
8 truly as we can, and not to anticipate the political
9 considerations which the government may have arising out
10 of our report. And I think this is terribly important.
11 We are not here to think in terms of what is to be prac-
12 tical politics. We have received no instructions or no
13 implications from anyone and we would not listen to them
14 if we did, as to what the political expectations might be.
15 We have a pretty clear task and I think it is a task worth
16 doing. Now, I don't know whether that has answered your
17 question, that is the only answer that I think I can
18 give at the moment. Would you like to add to that,
19 Dr. Lehmann?

20 DR. LEHMANN: Well, there is one direct
21 question which has not much to do with personal opinion
22 as far as information is concerned, and I don't think
23 we should evade it completely. It came up yesterday
24 when one of our witnesses, a doctor in Vancouver, said
25 there is need for much more research and that of course
26 had been stressed by many others before, and the police
27 as well, but he was a little bit more specific. And
28 thinking about it, I asked him a more specific question,
29 because the kind of research that he had in mind, the
30 doctor, and actually, this is important -- the kind of

1 research that would be required in our existing drug
2 laws, which had been probably in existence only a few
3 years ago because the public demanded very restrictive
4 laws following the tragedy of thalidomide; well, these
5 existing laws would require a research project which
6 would last about two to three years before we could reach
7 results and it would be -- well, the cost would be many
8 millions, many millions, perhaps hundreds of millions of
9 dollars. Now, perhaps, even closer to a billion, to
10 really get definite results. Now, would it be then, to
11 turn the question back to you, would it be in your
12 opinion, justified to get fairly definitive proof of
13 either the harmlessness or what damage, if any, might
14 occur from the continued use of marihuana, would it be
15 justified to spend several hundred million dollars and
16 two or three years of research?

17 THE PUBLIC: That is a question
18 of government priorities and that is a political question
19 but from what research I have done on it, and mainly
20 reading that book, "The Marihuana Papers", and reading
21 short studies, there isn't really much research on it
22 compared to other drugs, but reading studies of the
23 U. of Vic. library and that, I have the impression that
24 the short term effects of marihuana are negligible.
25 It seems to me the reason for doing research on it would
26 be to determine the long term effects and this presents
27 the question in the light of things like cyclamates,
28 any artificial or natural product, an unorganic product
29 -- marihuana is organic, but any product, artificial
30 product that people use is bound to have some effect on

1 them and how can you determine the long term use of it?
2 You say the things like -- you know -- if everybody got
3 up every day, and society generally lapses into apathetic
4 morass of ---

5 DR. LEHMANN: I'm sorry, I didn't
6 make it clear. There are existing laws and there are
7 prescribed procedures, for any other drug, the long
8 range effects would have to be determined. Should
9 marihuana be treated the same way?

10 THE PUBLIC: OK, I think there is
11 enough short term research in my opinion. I am not a
12 scientist but I think there is enough short term research
13 to show that marihuana is not harmful to most people who
14 would take it. I admit there are probably some neurotic
15 people or some unbalanced people, where it could send
16 them over the deep end, but I look at this in much the
17 same way as I look at alcohol. I feel that alcohol is
18 far more dangerous than marihuana for society and for
19 the individual and I think the question of spending a
20 hundred million dollars or close to a billion dollars
21 to look at -- to look at the long term effects of this
22 one drug, could way better be spent looking at alcohol,
23 and other social problems we have, welfare problems.
24 It is a question of priorities. But in my view I think
25 there has been enough research on it to determine that
26 if you take a smoke you're not going to drop dead the
27 next day.

28 MR. STEIN: I wanted to just make one
29 more point -- the question that you have posed, as I
30 understand it in part, was a question of confidence since
 you wondered if at times there might be a conspiracy
 against youth. You began to say, would the government really

1 | legalize it, were the evidence to point in that direction.
2 | I think the important point we have to make, it was made
3 | by the Chairman, and I would like to reiterate it, is
4 | that we are not a government committee, we are an in-
5 | dependent commission that would make recommendations to
6 | the parliament of this country, to the best of our
7 | ability to reflect to the parliament what we believe,
8 | on the basis of our inquiry, is the most appropriate
9 | social policy on this and other matters relating to
10 | the non-medical use of drugs, and I feel that I can say
11 | on behalf of myself and the other members of this
12 | Commission, that we are going to make as honest and
13 | direct a statement to the parliament as we possibly can.
14 | We are going to make that statement. Now, what happens
15 | at that point is in the hands of the parliament and I
16 | think it is important in your asking that question that
17 | you or anyone else who has anything in their mind must
18 | recognize that the matter does rest in that kind of
19 | political media.

20 | THE PUBLIC: I might ask another
21 | question. Who are you directly responsible to in the
22 | government?

23 | THE CHAIRMAN: We are not responsible
24 | to anyone in the government. We will report initially
25 | to the Minister of National Health and Welfare.

26 | THE PUBLIC: So, in other words, after
27 | you are finished it is up to all the hippies in Canada
28 | to push for what you find, because I think you will
29 | find -- I think you will find grass is harmless, or at
30 | least -- well, that is my personal opinion.

1 THE CHAIRMAN: I would like to call
2 now upon Mr. Charles Barber, the Director of the
3 Victoria Youth Council.

4 There is a lady who has been sitting
5 there. Do you want to say something?

6 THE PUBLIC: Just a few points?
7 I am a parent and I will have to admit that my generation
8 flubbed it on the alcohol question. I had my drinks
9 too and I smoked for twenty years, but I will have to
10 concur with the gentleman who shared with this -- shared
11 this microphone before me, that the answer is Jesus
12 Christ. And I know a few years ago I would have said
13 this is just religious rot, but having experienced it
14 I can tell you young people this is a joy and a pleasure
15 that you have never had and I think it tops marihuana
16 and I wish you would try it. God bless you.

17 THE CHAIRMAN: Thank you.

18 Mr. Barber?

19 MR. BARBER: After such a long day
20 there is almost nothing original that could be said
21 so it will be short. I am speaking on behalf of a
22 fairly well known minority youth group in Victoria,
23 Victoria Youth Council, and I am expressing -- it is
24 a minority group. There are some kids in the audience
25 with whom we have worked who may have presented briefs
26 to you already in typed form, they choose not to read
27 them out. I will be presenting one to you and a fellow
28 is going to come up to you later to read to you some
29 notes he has made. In answer to the question, perhaps
30 some three-quarters of an hour ago, a woman who was very

1 concerned about her own son and wondering if the
2 experience he had with drugs could be met by some
3 twenty-four hour a day emergency service. Such a service
4 does exist, madam, at least as far as we are concerned
5 it exists, and meets some kind of need. It is called
6 Cool-Aid, it gets \$395 of your tax dollars every month,
7 is available through 383-1951 twenty-four hours a day,
8 and you are welcome to use it. We work with drug freak-
9 outs very often. Many of the kids who are in the Cool-Aid
10 organization have had personal, direct experience with kids
11 who have freaked out enough, and perhaps are more
12 knowledgeable than many professional people who them-
13 selves turn to us for information and assistance on
14 occasion. There is such an organization, Cool-Aid,
15 383-1951. You are welcome to use it whenever you care
16 to.

17 On behalf of the Youth Council then,
18 I would like to -- I would like to say that we wonder
19 why the government finds it so difficult to admit
20 failure. We wonder why it should be so tortuous for
21 the government to abandon an ill-conceived and unenforce-
22 able law, and we wonder why marihuana and hashish were
23 ever prohibited at all. Most young people, we believe,
24 see the anti-marihuana laws as profoundly arrogant
25 and warlike; arrogant, vengeful, and hypocritical;
26 arrogant because there is a double standard all too
27 clear, and it has been said before and can only be
28 repeated. For instance, a teenager comes home and gets
29 lectured from father on the evils of drug use, and the
30 same teenager sees his own father getting drunk later

1 that night. And it is warlike in that the law has been,
2 and remains yet, a lie, an act of war on a youth's own
3 knowledge of what is real. Marihuana is called a
4 narcotic but it is no such thing. The law is allegedly
5 a deterrent, but it does not deter, and the user is
6 allegedly some kind of criminal, but he is essentially
7 no criminal at all. Where is the victim of his "crime"?
8 And it seems to us that the defenders of such laws are
9 generally, in that same special way, equally arrogant
10 and warlike. We are told that there is a causal rela-
11 tionship between the use of marihuana and of heroin,
12 and there is no such relationship. We are told that
13 marihuana is somehow far more anti-social than is
14 alcohol, and this is now almost universally disputed.
15 And it is invariably suggested that only a small, far-
16 out fringe of society ever uses it, and this is simply
17 nonsense. There is a weird and desolate ignorance
18 surrounding marihuana, and it is an ignorance that is
19 academically, socially, morally inexcusable. In
20 Greater Victoria, population of 182,000 in 1965, D.D.S.
21 census -- in Greater Victoria, our last three years'
22 work among white, middle-class kids indicates that
23 prohibition, once again, has not worked. In one local
24 high school, where we had been this fall, just in these
25 last several weeks, a high school with some 700 students
26 in active attendance, we asked in every single class
27 in that school, "How many students here have access
28 to marihuana, or who have ever used it?". The reply:
29 between ninety to ninety-five percent of the students
30 in every class said they did -- and most of their

1 teachers too. That 3,000 kids in the last few years
2 have used marihuana is a conservative estimate. It is
3 available in every school from elementary through to
4 university, and it is available within ten minutes of
5 here. The nearness of Victoria to major West Coast
6 markets such as Seattle, San Francisco, and Los Angeles
7 ensures a steady supply.

8 In our work, we have also found it
9 used by some teachers, businessmen, labourers, pro-
10 fessionals, civil servants, barristers, physicians,
11 ministers, and others of the most reputable stature in
12 this community. In no way is it restricted to young
13 people. The use of marihuana is both subterranean and
14 gigantic, and it is impossible to believe that to such
15 vast numbers of people the laws are any deterrent at all.
16 Prohibition, once again, has not worked. We have never
17 heard of murder, or robbery, or sex crimes, or any other
18 kind of crime committed by kids under the influence of
19 marihuana. It would be very difficult to say the same
20 about the use of alcohol. Marihuana and hashish are not
21 without dangers. Wearing our Cool-Aid hats we have
22 met and have tried to help a few kids, who are perhaps in a
23 clinical sense neurotic, who are psychologically dependent
24 upon it, in every sense addictive -- as addictive as if
25 it had chemically addicting properties. It can be mis-
26 used easily. We know kids who have used too much of it
27 at one time, and in destructive surroundings, and who
28 suffered a temporary breakdown, the proverbial freak-out.
29 It is not without dangers.

30 One of the most common half-myths about

1 marihuana is that it inevitably leads to heroin. These
2 comments are generally made by short-sighted policemen,
3 Harry Anslinger, and I suppose, senior editors of the
4 Reader's Digest. Such comments and their proponents
5 are ridiculed by kids, and for good reason. There is
6 no demonstrable causal relationship between the use of
7 marihuana and heroin. None. This is what we see in
8 our work in three years, full-time, with kids in Greater
9 Victoria, no such demonstrable causal relationship.

10 Page 9, of the 1968 Annual Report
11 of the Narcotic Addiction Foundation, of British Colum-
12 bia says:

13 "With the increase in abuse of other
14 drugs, it was only natural that the Foundation would
15 be concerned whether or not this would result in some
16 of these users going on to heroin. Fortunately, we
17 saw very little evidence of this. Of the 1,500 addicts,"
18 -- that is, heroin addicts -- "on file we had 31 addicts
19 in 1967 who stated that they had first used marihuana
20 before going on to heroin." I repeat, 1,500 addicts on
21 file, 31 only stated they had first used marihuana
22 before going on to heroin.

23 They go on to say, though, "However, one
24 cannot become too complacent in saying this pattern might
25 not change in the future, and this situation must be
26 watched." And we are in entire agreement with that.

27 Dr. Robert E. Gould, Senior psychiatrist
28 from Bellvue Hospital in New York, offers this opinion:

29 "Those who get hooked on heroin are
30 often either very emotionally disturbed and susceptible,

1 or else, have led empty lives leading nowhere, with
2 no hope for the future, so that they would reach the
3 heroin stage even if marihuana did not exist. In other
4 words, the heroin addicts would become heroin addicts
5 via alcohol or other drugs which are available."

6 The kids know that is correct --
7 they observe their friends and they know it is correct
8 from first-hand experience. Heroin is in Victoria; it
9 is available to kids; few kids have used it and kids
10 can see the chain of relationships. They just need to
11 observe. And why proponents of the devil theories
12 about marihuana and heroin will not take the time to
13 observe what kids observe is beyond us.

14 The law has not worked, for, as it
15 has been pointed out, it goes against a strong psycholo-
16 gical need: so long as people do not feel the law is
17 justified, they will continue to break it. The penalties
18 for the possession and the sale of marihuana are wholly
19 unrelated to the supposed evil of it, and in any case
20 they are ignored. I once asked a sixteen year old boy
21 if he thought that actually being caught really even
22 deterred anyone from ever using it again. "Sure," he
23 said, "no one uses it after they've been busted. It's
24 hard to get it in jail." You know, it's kind of a
25 facetious remark but in fact, on second questioning,
26 he meant that literally. There was no deterrent even
27 after being caught. The law is unworkable, unenforceable,
28 a failure, and a joke. The lies do not work, the
29 threats and coercion do not work; the penalties do not
30 work, and the devil theories are not listened to. Why

1 continue? It makes criminals out of essentially
2 innocent kids, and better than any foaming nihilist,
3 encourages disrespect for all law. It's the old one
4 rotten apple in the barrel story again, and everyone
5 knows it.

6 The Victoria Youth Council would like
7 to suggest that marihuana and hashish be legalized,
8 and marketed by the provincial government. If kids are
9 going to keep using marihuana, and there's every reason
10 to believe that they will, then let it be used as
11 safely as possible, i.e. not furtively and in back alleys
12 but openly and with some grace. And let its quality
13 be ensured and controlled by the government. Proper
14 research could guarantee its contents be predictable.
15 And make correct education about it more widespread.

16 The laws must be changed, if only
17 because to outlaw something that affects no one other
18 than its user is medieval, stupid, and a corruption.
19 Some people talk about the need to "protect our youth"
20 from any and all social ills, to keep them insulated
21 from all the depravity. They talk about isolating a
22 child from the real world, and it is all foolishness.
23 Kids are going to make decisions for themselves. Many
24 kids are going to use marihuana. One does not "protect"
25 a child from the evils of marihuana, or anything else,
26 by putting cotton in his ears, dark glasses on his eyes,
27 and wrapping him up in cement. The only real protection
28 is knowledge. The law offers no protection. Kids are
29 going to use it. But it seems to us the government can
30 do two things only: It can acknowledge its use, legalize

1 its use, and ensure its quality, and educate kids to
2 make good decisions about it. Or, it can continue in
3 the Great Tradition and keep it a crime.

4 Parliament having re-convened recently,
5 the government has a close opportunity to choose between
6 educating its youth about marihuana, or making them
7 criminals because of it. We very much hope you can help
8 them to make a realistic and good and sane decision.
9 It seems to us anyway, our generation will be in power,
10 and one way or another, this Parliament or five from
11 now, will change the law. Hopefully, it won't take
12 quite so long this time around to learn the lesson of
13 Prohibition.

14 Thank you.

15 I should point out that we are showing
16 a film the Youth Council made this summer. I am told
17 a few people came here today specifically for this. It
18 will be shown in Committee Room One, in the hall at the
19 end of the formal meetings today. It is a fifteen
20 minute film about methedrine, speed, methadone; all those
21 names. It is a fifteen minute film made by the Youth
22 Council based on kids that use it, and we would like to
23 show that film sometime today also.

24 THE CHAIRMAN: Thank you. I would like
25 to observe -- I think you referred to the addiction --
26 Narcotic Addiction Foundation.

27 MR. BARBER: It is Dr. Paul Osis (sic)
28 report from the 1968 Annual Report.

29 THE CHAIRMAN: Well, since then, they
30 have issued a report they submitted to the government

1 at the end of August, '69. They spoke to that before
2 us the other day, and now they contend that there is a
3 relationship between marihuana and heroin use. I'll
4 just read from one part of the report.

5 MR. BARBER: Yes.

6 THE CHAIRMAN: "In addition, the
7 population samples indicate there is a direct
8 relation between marihuana use and heroin use. The
9 rate of heroin use proved 2.7 times that of the
10 rate for the total population sampled by the Foundation.
11 It's research study showed 5.7 times that of students
12 who have not used marihuana. In other words, the
13 students were using marihuana before going to heroin."
14 I am just reading this as a matter of information, that
15 this was placed before us as their current position.

16 MR. BARBER: I'm sorry.

17 THE CHAIRMAN: I didn't mean to --
18 just as a matter of information for the public.

19 MR. BARBER: Thank you.

20 THE CHAIRMAN: Are there any questions?

21 MR. STEIN: Does Mr. Barber have any
22 reaction to that.

23 MR. BARBER: I think most kids, and
24 I would include myself certainly among them, would find
25 that to be nothing but a confirmation of what they
26 already know. The kids would go on to heroin irregard-
27 less of marihuana. You can observe that by just noting
28 the emotional qualities, the personal characteristics
29 of people who you do see going to marihuana -- I'm
30 sorry, going to heroin. Many kids we have observed, go

1 on to harder drugs, mainly heroin in Victoria, but
2 there are others just as bad as heroin. But they would
3 have done it with or without grass. It makes no
4 difference. The qualities that make them the human
5 beings they are; often very remote, cold, lonely, stone-
6 hearted beings they are, lonely especially, are the
7 same qualities that would drive them to heroin, regardless
8 of the vehicle; heroin, marihuana or masturbation, and
9 that is a statistic. And Peter, that has no real meaning
10 It says nothing about those kids who go on to heroin.
11 It merely says, "Well, this is what someone did before
12 heroin to get there", but does it force them to go there?
13 I don't think so. We are not in Vancouver, Vancouver has
14 the highest, I believe the statistics were made in Van-
15 couver and we cannot speak to that. We can only talk
16 about what goes on in Victoria.

17 MR. STEIN: One of the comments made
18 by a number of the young people who testified in
19 Vancouver hearings, was to suggest that the -- this
20 question -- I am repeating it again -- but it was to
21 suggest that the possible development of more people
22 using heroin could be related to people who had difficulty
23 in obtaining marihuana. Would you have any observation
24 on that -- I take it that this does not seem to be
25 relevant to the Victoria situation?

26 MR. BARBER: Heroin is certainly
27 available in Victoria. One of the other things we have
28 noticed about it since the beginning of President Nixon's
29 Operation Intercept which has in fact worked and almost
30 completely diminished the supply of marihuana at least

1 on the West Coast, I don't know about back east. It's
2 that because marihuana is less available kids wanting
3 to do something or other on the weekend,
4 something else to do in this city, are going on to drugs
5 like methedrine. Absolutely. You know you could --
6 it is perfectly predictable. You can observe it often
7 in spring when there is a short supply of marihuana and
8 often kids will go on to harder things. I should like
9 to predict that were marihuana legalized, the consumption
10 of what, in my sole opinion, ^{are} the extremely dangerous
11 drugs such as heroin -- I'm sorry, methedrine, heroin
12 and such, would enormously decrease. We have seen this
13 before good old Operation Intercept. I wonder if
14 perhaps President Nixon seeing the kids were going on
15 to methedrine instead of staying with marihuana as a result of
16 fine operation, then might not think a second
17 time about it, and perhaps people ^{who} have a similar
18 attitude as to prohibition seeing that kids wanting to
19 do something go on to harder drugs.

20 MR. STEIN: Are you suggesting they
21 are not using alcohol?

22 MR. BARBER: Oh, it is also available,
23 of course. It is widely used. It's one of the jokes,
24 I suppose, in the last couple of years. Only so called
25 heads were turning on to booze every weekend. You could
26 see these drunk hippies wandering around every weekend
27 with wine-filled bottles, but
28 I don't suppose that it is such a problem as their
29 going on to methedrine and such as the substantial
30 decrease in the marihuana supply. No, I don't think that

1 is any control.

2 MR. SCOTT: Could I ask you a
3 question? I think there is a little misunderstanding ---

4 THE CHAIRMAN: Would you come to the
5 microphone, please.

6 MR. SCOTT: This is to my friend
7 Charles. We have known one another for a number of
8 years and we don't always agree on things, but regarding
9 marihuana, I took the attitude learning from him, largely,
10 that it was not too dangerous, and I think to attach
11 any importance or de-importance, I should say, to mari-
12 huana, but when Charles shows the film,

13 and I'm also interrelated in some of his
14 endeavours and so forth, but when he showed me this film
15 on speed and methedrine and the dangers of that, that
16 broke me up today because I feel that if marihuana is
17 not too important, that as Charles indicated in his film
18 and in his comments and so on the danger of speed and the
19 danger of methedrine and it's increasing, not decreasing use

20 according to Charles, the chances are it is increasing,
21 and I feel perhaps that most of us here do not differen-
22 tiate between the marihuana and the other drugs which
23 Charles is interested in bringing to highlight for the
24 legislation.

25 MR. BARBER: Another reason I would
26 just like to point out, methedrine, of course, is a
27 synthetic. It can be produced by anyone with the
28 qualifications/ ^{of} high school chemistry knowledge and
29 learning. Marihuana is organic and is seasonable
30 availability, and that is an important factor. Were

1 marihuana continually available, and in pure quality, and
2 insured supply, the inevitable alternative is methedrine,
3 because anyone can make it in their basement and they
4 often do and they do not know what they are turning out
5 or producing, and that is another reason in favour of
6 marihuana.

7 THE PUBLIC: I just wanted to comment
8 that it seems to me that if marihuana does become
9 legalized we will no longer have the need to worry too
10 much about other drugs being available through pushers
11 because marihuana would then be out of the hands of the
12 pushers and kids would no longer be having contact with
13 the people who are pushing if they had access to the
14 marihuana.

15 MR. BARBER: I once overheard a pusher
16 out in the square there, saying -- upon being approached
17 by someone for a unit, which is immeasurable, just a lid
18 of grass, and the kid asked him how much, and he said,
19 "I'm sorry I don't have any, but I just happen to have
20 only a couple of caps of speed. Do you want to try
21 these". "Oh, wonderful, yes. Well, what's speed?" "Oh,
22 groovy, great gas, no problems". "Well, what about the
23 comedown?" "Oh, don't worry about that, it will take
24 care of itself". And he bought it. Because there was
25 no marihuana, he bought it, and he had been conned by
26 the same pusher who had often sold marihuana, thinking
27 that -- just think speed, a terribly dangerous drug.
28 There it is, harmless looking little red capsules.

29 THE CHAIRMAN: Gentleman at the back
30 of the room.

THE PUBLIC: May I address this

1 question particularly to Mr. Barber. If marihuana is
2 legalized would there be a danger, do you think that,
3 like when I was a boy at school smoking was illegal and
4 so was drinking, but marihuana therefore will be out
5 with the crowd, and that then the next thing will be
6 to go out to these other drugs?

7 MR. BARBER: Not necessarily, harder
8 drugs, no. It could be something quite different. We
9 know for sure that one of the reasons people use mari-
10 huana first, one of the commonly observed reasons is
11 because it is romantic. It is a romantic thing to
12 break the law and get away with it, as do most
13 marihuana users, as they ^{sit} behind the bush, behind the
14 school yard after three-thirty, kind of adventure, and
15 its fun. You know, it really is, it gives you status.
16 Once it is legalized, all that will be gone. It's true,
17 it is really true.

18 THE PUBLIC: So, we may be in trouble
19 in that case?

20 MR. BARBER: Well, I think that with
21 this availability and quality, kids will be
22 inclined less to go to other drugs. They might go to
23 other things. You know, we might go back to flag-pole
24 sitting, or something like that. The romantic and
25 adventurous qualities associated with marihuana use
26 of course would disappear, wouldn't they? If it's legal,
27 after all, when we turn eighteen, restricted movies
28 aren't quite as exciting any more.

29 THE CHAIRMAN: I would like to thank
30 you very much, Mr. Barber, and call now upon the group

1 from the United Church of Port Alberni.

2 MRS. BATES: Mr. Chairman, ladies
3 and gentlemen, I speak for a small group related to the
4 First United Church of Port Alberni who have become
5 concerned by the growing problem of drug abuse in our
6 community.

7 Indications are that there are a
8 number of young people in the Alberni Valley experi-
9 menting with or using mood-changing drugs, such as
10 marihuana, LSD, methedrine, mescaline and even heroin.
11 Ages range from twelve years old and up and marihuana,
12 though it is the one most frequently tried, is not our
13 main cause of concern. There is ample evidence in our
14 community, from young people confiding in parents and
15 from facts available, that there is a very serious
16 problem with all drugs. There also seems to be ample
17 evidence that not much has been done so far to alleviate
18 the problem or to cope with it.

19 Young people of fifteen to sixteen
20 speak of "pushers" coming into town and know who sells
21 marihuana and other drugs and who buys it and uses it
22 but they keep names to themselves. Some speak of being
23 afraid to go to certain parties because there will
24 probably be needles there. Some speak of parties that
25 were "really weird and frightening" because drugs were
26 being used there. Others say, "Why doesn't someone do
27 something before too many more get involved?".

28 One doctor told us that in the interval
29 from last Christmas to last weekend, he has treated
30 victims of hashish, methedrine, LSD and mescaline. Last

1 Christmas LSD was a real problem for him and last
2 weekend, mescaline was the problem. This is one
3 doctor's experience and there are sixteen or more
4 doctors in our town of about 19,000 population. Up
5 until a year ago, he had not had much occasion to treat
6 any non-medical drug users, with the exception of an
7 occasional heroin addict. He admitted that marihuana
8 hadn't caused any medical problems as far as he had
9 experienced but he is still not convinced that marihuana
10 is the harmless drug that some people would like us to
11 believe, or even that it isn't a potentially dangerous
12 drug. Doctors and nurses agree, though, that our
13 problem is not so much with the use of marihuana but
14 in the use of proving harmful drugs. We have contacted
15 a social worker, probation officer, hospital executive,
16 and junior and senior high school principals. Their
17 experiences vary. One was inclined to minimize the
18 situation. The others are convinced it is very wide-
19 spread and that a serious problem exists. A student
20 from Port Alberni attending a drug seminar in Nanaimo
21 in the spring of 1969 estimated fifty-five to sixty-five
22 percent of Grade Ten and Eleven students in Port Alberni
23 had used marihuana occasionally, or had tried it, and
24 that twenty percent were users. There is definite
25 evidence of drug use as low as Grade Nine and probably
26 Grade Eight.

27 Until such time as existing laws can
28 be studied and, if necessary, changed, we feel the
29 present ones should be upheld, dealing compassionately
30 with users but very severely with pushers and traffickers.

1 An emergency exists and all the resources available
2 are needed to combat it. And I might add here, that
3 pushers -- we speak of money being the trade exchange
4 for our world, money isn't the only thing. If you
5 sell an idea to people, you are a pusher too. If you
6 sell an idea to people who are too young to think for
7 themselves. Until such time -- sorry. At the rate the
8 problem has been mushrooming, by the time studies are
9 made and recommendations implemented, it could perhaps
10 be beyond the "point of no return", so some strong
11 measures should be taken now. One positive suggestion
12 we would like to make is that consideration be given
13 to making a separate law for marihuana and taking it
14 off the Narcotics list ^{while} dealing severely with traffickers
15 and pushers of dangerous drugs.

16 I would like to say, in closing, that
17 we are alarmed for the very young teens that are experi-
18 menting with known dangerous drugs. The young users
19 blame today's society for all the world's trouble.
20 Are they willing to take the responsibility for
21 tomorrow's society that they are creating? Thank you.

22 THE CHAIRMAN: Thank you, Mrs. Bates.
23 Are there any questions?

24 THE PUBLIC: I have spoken a few
25 times here. I have done some work -- youth work --
26 in Vancouver for three years. I have worked with
27 Cool-Aid here with Charles Barber and with other
28 organizations and I have found certain things. Number
29 one, Port Alberni has probably the highest dope rate
30 per capita in British Columbia. The reason for this is

1 because of where it is, and it is strictly an industrial
2 town. There is nothing there for the youth.

3 MRS. BATES: That is not true.

4 THE PUBLIC: To the extent that
5 Port Alberni has sent a letter down to Pacific South
6 Development Society to send out workers to work out
7 with the youth and set up organizations, but this isn't
8 quite the problem. I think the problem is what we
9 have in some of our communities. I think for one, the
10 wrong type of information is given under the schools.
11 There was a situation yesterday where a twelve year old
12 girl was using dope. She found it out from a teacher
13 at school who was giving a lecture to some other kids,
14 and the teacher didn't know what she was talking about.
15 I think the first thing which should be done is that
16 the teachers should know what they are talking about.
17 You know, they are just destroying the whole thing.

18 THE PUBLIC: Explain yourself, sir.

19 THE PUBLIC: In what way?

20 THE PUBLIC: You said the teachers
21 didn't know.

22 THE PUBLIC: Well, how can the teachers
23 direct their kids when the scientists -- science and
24 the government don't know yet.

25 MRS. BATES: Well, how can the kids
26 direct the government?

27 THE PUBLIC: We are not -- this is
28 what the Commission is here for. So maybe everyone
29 should quit teaching about it -- you know, the publicity
30 gives so much away. I think we just have to do it cool
from now on and just wait. Everybody hold on and wait

1 and see what these people can do for us.

2 MRS. BATES: I take exception when
3 you say there is nothing in Port Alberni for the
4 children. We have one of the finest recreation centres
5 there. We have roller-skating rinks, ^{we have ice-rinks,} a fine swimming
6 pool, our swimming team -- our swimming club has won ---

7 THE PUBLIC: We had one too and it's
8 going bankrupt. Kids don't want this any more. I mean
9 things are changing. This is another issue, but maybe
10 this is something we have to look at too. What should
11 we do to distract kids away from dope? Apparently this
12 is where they are going, why are they going there, and
13 if we can set something else up for them, what can we
14 do? Like, my generation was good, and when I grew up,
15 -- I see this problem and I'm scared. But if it is used
16 properly, it can possibly be a good thing too.

17 MR. STEIN: Would you respond to the
18 lady's question anyway -- just briefly -- she was
19 indicating a number of -- the number of resources that
20 she believed were available to young people. You said
21 these were not the kind of facilities. I know it is
22 another issue, but just a brief indication to her,
23 perhaps to us and the audience, what kind of facilities
24 are you referring to?

25 THE PUBLIC: Well, it appeared that --
26 I can only use an example which Charles Barber and the
27 V.Y.C. and myself were involved in with the Y.M.C.A.
28 They were in some difficulty with youth, and so the
29 V.Y.C. started a program up at the Y. that proved quite
30 successful. Other kids -- were successful. Many of the

1 kids are scared of the Y. because of what it represents,
2 religion. Another person made a comment about religion
3 earlier. That is a good point too. I think a lot of
4 kids are trying to find something to believe in and if
5 somebody somewhere could come up with a good thing,
6 something that is real and that can be proven, because,
7 you know, we have been taught to question everything;
8 and to show us that, you know, it is the right thing.
9 A lot of kids I think would go with it.

10 MRS. BATES: You are associating my
11 statement that we have fine recreation facilities with
12 the Church, because I identified myself with the Church.

13 THE PUBLIC: Oh, no, I have got ---

14 MRS. BATES: Our recreation commission
15 is controlled by -- is run by the commission and it is
16 one of the finest. We have soccer leagues, we have
17 hockey leagues, we have baseball leagues.

18 THE PUBLIC: You still have that
19 problem though.

20 MRS. BATES: Quite right. You were
21 saying that Port Alberni had nothing, there was nothing
22 there for the children. The fathers devote hours,
23 parents devote hours -- parents drive their children
24 to the skating rink at five o'clock in the morning
25 every morning to play hockey.

26 THE PUBLIC: Where is the right place
27 to grow up then? Apparently then you aren't having the
28 right things. Or the kids are getting twisted in the
29 wrong way. Now, I don't really know why and I am in
30 this too and I don't know why everything is going this

1 way; one, because of the great bomb. Well, I don't
2 care, man, we are going to get grown up anyway. This
3 is some attitude. There is something that has got to
4 be straightened out.

5 MRS. BATES: I think a lot of you
6 young people are selling younger people on the idea
7 that drugs are great, and once marihuana is legalized
8 you will say, "Oh, marihuana is nothing, this is greater,
9 try this", and selling just doesn't imply the exchange
10 of money, it implies the exchange of ideas much more.

11 Thank you.

12 MR. STEIN: Madam, perhaps, it might
13 help -- one of the comments that has been made by
14 young people in reference to the kinds of facilities
15 they wanted, but they want to have some part to play
16 in determining the content of the program, and whereas
17 I am old enough and yet young enough in some ways to
18 remember my own enthusiasm for the recreational activities,
19 I realize one of the problems here is that we can't
20 presume that these kinds of activities are the programs,
21 in other words, that young people may want. I think
22 some of the comments that have been made to us have
23 indicated that the energies of the adult community to
24 provide programs, facilities of the sort that you
25 mentioned, though they are well intended, may not be
26 directed toward where the young people feel they want
27 to be.

28 MRS. BATES: Well, what are their
29 suggestions?

30 MR. STEIN: This is a bit of a side

1 issue, but I felt -- maybe it is something that you
2 and the gentleman here might discuss.

3 THE CHAIRMAN: Excuse me for just a
4 minute. I wish to call, before we conclude our hearing
5 here in British Columbia -- I wish to call on Mrs. Rogers
6 the Women's Christian Temperance Union, who has been
7 very patient and waited a long time to be heard, and
8 perhaps we could hear you probably too, but I feel I
9 should have invited Mrs. Rogers to come here now.

10 MRS. ROGERS: Mr. Chairman, com-
11 missioners, ladies and gentlemen. I heard some talk
12 today about the government controlling marihuana. Well,
13 let's face it, they can't even control alcohol.

14 Here is a newspaper, The Vancouver
15 Sun, of April 27th, and they are going to take five
16 million dollars of the Canadian taxpayers' money to
17 help the dear little distillers to build a distillery
18 plant. How about that? How about that? They can't
19 even control alcohol. And we are getting fed up.

20 Alcohol acts like ether or chloroform.
21 Dr. Knisely, whom I had the privilege of hearing in
22 Seattle recently, claims that alcohol causes brain
23 damage and he claims that in a heavy drinking bout
24 about ten thousand brain cells could be destroyed. This
25 is a heavy drinking bout. And I just wish that you
26 could have had the pleasure of hearing him and seeing
27 his films. Alcohol is a factor in disease, alcoholism,
28 accidents, mental illness, and this is something that
29 I think we should be concerned about. The views on
30 drug taking by pregnant women have changed drastically

1 since the thalidomide disaster of a few years ago.
2 This drug shattered for good a medical notion that was
3 already shaky, that the placenta suffers from anything
4 harmful in its mother's blood. We now know that many
5 chemicals and disease germs can pass through this
6 barrier. Dr. Tooley, Director of Newborn Services in
7 the Cardiovascular Research Institute at the University
8 of California Medical Centre in San Francisco said,
9 "The birth of defective children must be recognized
10 as North America's greatest public health problem.
11 There are more than 600,000 mentally retarded in Canada.
12 In fact, one child in every thirty, is born mentally
13 retarded." What a tragedy.

14 Crime: "During the first full year of
15 operation under the new provincial "hold and release"
16 regulation, the Vancouver City Jail handled 30,000
17 drunks - an average of eighty a day." How tragic.
18 I have statistics on page 10 of my brief.

19 To have one's parents under arrest
20 is an "unfortunate experience".

21 I wonder how many of us have experienced
22 that. I wonder how many would like to go to jail and
23 be treated like an animal, confined to a narrow space,
24 you can't go out and smell a flower, you can't make a
25 phone call, you can't write a letter, you can't speak
26 to your friends. I think it is inhuman. Where do we
27 read in Hebrew history where people were confined to jail?
28 I wish someone would do some research and come up with
29 the answer as to when jails became so important in our
30 civilization. Just think about it. To be confined to

1 a narrow, drab, dark place, oh! In the twentieth
2 century when we can send a man to the moon. Can't
3 we co-operate and find out a better method of treating
4 people who are misguided?

5 One of the saddest by-products of
6 alcoholism is the effect on children of excessive
7 parental drinking. A report which took ten months to
8 prepare and cost the Educational Research Institute of
9 B.C. nearly \$6,000, says, "a minimum of five percent
10 of the total school population, or 24,000 students,
11 are emotionally disturbed." Health Minister Ralph
12 Lathmark said, "There are 13,000 children without
13 proper home care and in a good many cases this is attri-
14 butable to alcohol." There is also a very fine article
15 in Macleans Magazine, in the August issue, "The Child
16 of the Alcoholic"

17 Illegitimate children: During '66
18 to '67 nearly 4,000 children in B.C. were born out of
19 wedlock. I wonder how we would like to be one of those
20 children. I wonder what it would be like not to know
21 who your father was, not to know who your mother was,
22 not to have a brother, a sister, a cousin, an aunt or
23 an uncle.

24 THE PUBLIC: Point of relevance,
25 Mr. Chairman?

26 THE CHAIRMAN: Excuse me. Mrs. Rogers
27 will you please proceed.

28 MRS. ROGERS: Oh, thank you.

29 Fire: As a fireman, I have noticed
30 much death and destruction, people trapped in burning

1 rooms, dead or horribly burned, before help could
2 reach them. To be veritabily incinerated by
3 scorching heat. And I know that most of these
4 tragedies could have been prevented. But, "could have
5 been prevented" is an insipid excuse in view of the
6 burning facts. These facts are that "an enormous
7 percentage of all fires can be proved to be the result
8 of indulgence in alcohol." Alcohol and advertising:
9 When alcohol causes so much social damage, why do we
10 permit all this advertising? There are four objectives
11 of liquour advertising. To create the desire to drink,
12 to advance sales, to keep brand names before the public,
13 and to increase social approval of drinking customs.
14 Alcohol and economics: All merchandising is based on
15 the theory that more goods are sold when made readily
16 accessible. France and the U.S.A. have the highest
17 rates of alcoholism in the world.

18 THE CHAIRMAN: I was wondering,
19 Mrs. Rogers, the gentleman here -- I am informed he
20 has been trying to speak all afternoon, and I have,
21 I haven't noticed him. I wonder if you wouldn't mind
22 if we just heard from him for a few minutes.

23 MRS. ROGERS: Certainly not.

24 THE PUBLIC: I will be very short.
25 I have here a petition with several hundred names
26 proposing the legalization of marihuana, and I think
27 marihuana should be taken out of the political realm --
28 out of the realm of illegality and put it into the realm
29 of medical science and reason and dealt with there, and
30 that's all I wanted to say.

1 THE CHAIRMAN: Thank you.

2 MRS. ROGERS: Example, in A.D. 60,
3 St. Paul said, "It is good neither to eat flesh, nor
4 to drink wine, nor anything whereby thy brother
5 stumbleth or is offended or is made weak". Now, you
6 might be interested to know that the American Cancer
7 Society claims that twenty-one million people have
8 quit smoking in the United States of America. One
9 hundred thousand doctors have stopped smoking. Now,
10 this educational campaign regarding cigarette smoking,
11 according to this article is working, and so I would
12 like to suggest to the Commission that they consider
13 this type of a program in Canada.

14 In closing, I would like to read the
15 conclusion of a letter by a teenager. This letter is
16 called, "I Dare You": "According to a Yale study, we
17 learned that at least twenty percent of divorces,
18 twenty-five percent of all insanity, thirty-seven per-
19 cent of all poverty, forty-seven percent of all child
20 misery, fifty percent of all crimes and fifty percent
21 of holiday traffic deaths are caused by the use of
22 alcohol. But when we teenagers look around for something
23 to copy as a life ideal and we find you giving silent
24 approval to liquor, we begin to wonder. With school
25 and community activities taking us away from home more
26 and more, you adults have to bear part of the responsi-
27 bility for training us. I dare you to stand up, to
28 speak out, and to be counted on the side of the non-use
29 of alcohol."

30 Thank you.

1 THE PUBLIC: May I say something,
2 please? There has been a thing here, the very
3 attitudes of people here, that they want a socially
4 acceptable reason for the use of -- of cannabis, mari-
5 huana, and all its derivatives, and therefore, I would
6 like to give a reason that is most likely socially
7 acceptable to everyone here, and I take my reason from
8 a book which stands as the very pillar of society, and
9 it is called, "The Bible". And I will quote you this
10 little passage here:

11 "For every thing there is a season
12 and a time for every purpose under
13 heaven. A time to be born and a time
14 to die; a time to build up and a time
15 to break down."

16 It seems after 10,000 years of so-
17 called "civilizing" ourselves from the Samarian in
18 Babylon to the Americans in Vietnam, is it not time to
19 break down? We have civilized ourselves, or so-called
20 civilized ourselves, to the point of very high sophisti-
21 cation. This, in my opinion, is wrong. And it seems
22 that this is the reason, to me, that many of the youth
23 today wish to go on marihuana because they want to break
24 down after 10,000 years of building up, of having all
25 these colossal plastic moulds where people are put into.
26 They are put into wars, , they are put into greed and
27 hate. It is time to break down for love and non-violence
28 and all sorts of groovy things like that, and this is
29 my feeling and my insight into the roots of this problem.

30 THE CHAIRMAN: Thank you. We are

1 going to be shown a film now and everybody is welcome
2 to remain.

3 THE PUBLIC: Could I speak before the
4 film?

5 THE CHAIRMAN: Yes.

6 THE PUBLIC: It seems that most of
7 the talk about whether or not certain drugs should be
8 legalized is focused around marihuana, and the main
9 problem seems to be the fact that parents are concerned
10 about the decadence and the decay of their society,
11 and why is the youth using various drugs. Well, I think
12 not only should marihuana be legalized, but I think
13 every drug should be legalized because there is a lot
14 more damaging effect of the social atmosphere of the
15 drugs being illegal. It hasn't stopped them from being
16 used and the dealers that are dealing drugs are making
17 a lot of money and the young kids coming out of school
18 are finding that they can make a lot of money by dealing
19 drugs and the people that deal with drugs are, generally
20 speaking, the type of people that have just looked for
21 an easier way, and if marihuana becomes legal and the
22 others don't, the other drugs will still be used in
23 spite of the fact that marihuana has now become legal
24 and the social aspect of kids going to dealers and
25 finding the atmosphere around them that money can be
26 made and you can still get stoned from illegal drugs,
27 I don't think we are going to solve anything by legalizing
28 only one.

29 THE CHAIRMAN: What other drugs are
30 you referring to specifically?

1 THE PUBLIC: LSD, meſcaline, psyliſibin,
2 DNT, any of them.

3 THE CHAIRMAN: Are you referring to
4 methedrine?

5 THE PUBLIC: Oh yes, that too. And
6 for that matter, heroin as well. There is enough
7 availability of it now, and there is enough incentive
8 in these kids to try them, that if you legalize one they
9 will still do the others. I have met kids that were
10 sixteen years old, that have quit school and have not
11 even considered work because they found that they could
12 make \$600 a week dealing dope and that will decay our
13 society a lot more than the physical dangers of using
14 the drugs in question.

15 THE CHAIRMAN: Thank you. I think --
16 are we ready now with the film?

17 THE PUBLIC: I would like to say that
18 if a mind manifesting drugs are such an evil then how
19 come God never saw fit to make another commandment
20 saying that "Thou shalt not use marihuana, psyliſibin,
21 LSD or mescaline". He obviously knew of their existence.

22 THE CHAIRMAN: I would like to say
23 before this film is shown that I should formally call
24 this our first hearings in this province concluded, and
25 thank all of you for coming today and for your most
26 helpful participation. Thank you, all.

27 ---Upon adjourning at 4:30 p.m.

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COMMISSION OF INQUIRY
INTO THE
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE
SUR L'USAGE DES DROGUES
A DES FINS NON MEDICALES

November 6, 1969
Queen Elizabeth Hotel
Gallery IV
MONTREAL, Quebec

(English)

COMMISSION OF INQUIRY
INTO THE
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE
SUR L'USAGE DES DROGUES
A DES FINS NON MEDICALES

BEFORE:

| | |
|------------------------|----------------------|
| Gerald LeDain, | Chairman, |
| Ian Campbell, | Member, |
| J. Peter Stein, | Member, |
| H. E. Lehmann, M.D., | Member, |
| James J. Moore, | Executive Secretary, |
| Marie-Andree Bertrand, | Member. |

COUNSEL:

| | |
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| J. Bowlby, Q.C., | Counsel for the Commission |
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RESEARCH:

Dr. Ralph Miller.

SECRETARY TO THE CHAIRMAN:

Vivian Luscombe.

November 6, 1969
Queen Elizabeth Hotel
Gallery Four
MONTREAL, Quebec

1 ---Upon commencing at 9:15 a.m.

2 THE CHAIRMAN: I introduce now the
3 members of our staff. Dr. Lehmann will be here later.
4 On my right is Dean Ian Campbell of Montreal. On my
5 immediate left, Mr. James Moore, Executive Secretary of
6 the Commission. On Mr. Moore's left is Professor Marie-
7 Andree Bertrand of Montreal, and on Miss Bertrand's
8 left, Mr. J. Peter Stein of Vancouver. And at the table
9 on my far left, Dr. Ralph Miller, our Research Associate;
10 Dr. Familo , and Mrs. Vivian Luscombe, my Secretary on
11 the Commission.

12 There is an increase of worry on the
13 non-medical use of drugs in Canada, and the use of
14 stimulants, tranquillizers or other hallucinogenic drugs
15 and the effect on individuals as well as the social
16 consequences. During the past years we have seen more
17 use of hallucinogenic drugs.

18 I should say there are simultaneous --
19 there are devices for simultaneous translation which
20 can be -- which are available in the hall as I understand,
21 outside, and they are portable.

22 Solvents are found in many house-
23 hold products and despite the publicity against it,
24 the use of those solvent has been popular among students
25 and certain of these drugs and substances, including
26 LSD, methamphetamines, may be referred to as speed and
27 certain others, and I am still reading from the terms
28 of the Order in Council which appointed the Commission--
29 have been made the subject of controlling or prohibiting
30 legislation under the Food and Drug Act and cannabis

1 (marijuana) has been a substance, possession of, or
2 trafficking in which has been prohibited under The
3 Narcotic Control Act. Notwithstanding these measures
4 and the competent enforcement thereof by the R.C.M. Police
5 and other enforcement bodies, the incidence of possession
6 and use of these substances for non-medical purposes
7 has increased and the need for investigation as to the
8 cause of such increasing use has become imperative.

9 In announcing the Commission's
10 appointment the Minister of National Health and Welfare
11 spoke of the "grave concern felt by the Government at
12 the expanding proportions of the use of drugs and
13 related substances for non-medical purposes". The terms
14 of reference define the Commission's inquiry into the
15 non-medical use of psychotropic drugs and substances.
16 He mentioned sedatives, stimulants, tranquillizers and
17 hallucinogenics.

18 For the present, the Commission under-
19 stands "drug" to mean any substance which chemically
20 alters structure or function in the living organism,
21 and "psychotropic drugs" as those which alter sensation,
22 feeling, consciousness and psychological or behavioural
23 functions. The Commission has tentatively defined
24 "medical use" in terms of generally accepted medical
25 practice whether under medical supervision or not.
26 All other use is non-medical use. By itself, a prescrip-
27 tion does not distinguish medical from non-medical use.
28 A non-prescription drug like aspirin may be taken for
29 medical use or a prescription drug may be taken for
30 generally accepted medical reasons, then no longer

1 required.

2 The Commission was asked to gather
3 the knowledge in the use of non-medical drugs in
4 hallucinogenic and other drugs and other psychotropic
5 drugs or substances. The Commission will have to present
6 a report -- preliminary report in six months and a
7 final report in two years. The Commission will have
8 to study the main -- to study according to the main aims
9 of that Commission, that is, the non-medical use of
10 drugs by young people and adults, and this will have to
11 be studied and presented in the reports, and also will
12 have to study the consequences of the use of drugs. The
13 Commission has established a first category according --
14 according to eight categories following the --/sedatives,
15 stimulants, narcotics, volatile solvent and gases, and
16 analgesic, narcotic tranquillizer, depressant and
17 other tranquillizers. The Commission will study mainly
18 the following categories: the psychedelic hallucinogeni
19 which includes cannabis, marijuana and hashish, LSD and
20 mescaline, and the other restricted drugs placed under the
21 new Schedule J of The Food and Drug Act, DMT, STP,
22 and DET.

23 Secondly, the amphetamines, including
24 methedrine, generally referred to as "speed". Thirdly,
25 the volatile solvents and gases, often referred to as
26 "deleriants" such as glue, nail polish remover and
27 paint thinner.

28 Fourthly, the sedative hypnotics,
29 such as the barbiturates used as sleeping pills, the
30 mild tranquillizers and ethyl alcohol. Fifthly, the

1 opiate narcotics such as heroin, alcohol and nicotine,
2 are clearly mood-modifying drugs used for non-medical
3 reasons and therefore within the terms of reference.
4 However, the Commission cannot possibly perform its
5 task if it were required to study the extensive research
6 carried out on these substances. A realistic view compels
7 the Commission to regard the non-medical use of alcohol and
8 nicotineⁱⁿ their relation to the non-medical use of other
9 psychotropic drugs. This is also the Commission's
10 position, at least initially on the non-medical use of
11 the opiate narcotics such as heroin. The so-called
12 "hard drugs" are not excluded from the terms of
13 reference because they do have psychotropic properties,
14 but as with alcohol and nicotine the Commission cannot
15 hope to do justice to the extensive literature on the
16 subject. The hard drugs are therefore to be examined
17 in their possible relationship to the non-medical use of
18 "soft drugs".

19 Conventions have been submitted
20 to the Commission concerning the non-medical moderate
21 use of drugs. One of the controversial subjects shows
22 that the very popular use of alcohol in the social life,
23 not only creates a tolerance atmosphere to strong drugs,
24 but also is an injustice and a hypocrisy in the way of
25 legislating or making laws and applying those laws.
26 The use of some drugs, some soft drugs, like cannabis
27 (marijuana), will lead to the toxicomania. What are the
28 subjects studied in the survey? The Commission will
29 want to study the popular use -- how popular the use
30 of these non-medical drugs is, and the conditions of
that use, these drugs and the various groups of the

1 population using those drugs according to age, occu-
2 pation and so on, as well as the passage from one drug
3 to another. The Commission will study the physical
4 and psychological effect of those drugs. Their effect
5 on the personality of the users. Their effect on other
6 persons and on society.

7 Finally, and this is no less important,
8 the Commission will study the reason for that non-medical
9 use of drugs, not only the personal reasons but also
10 the educational, philosophical and other reasons of
11 that use of drugs. In other words, what are the reasons
12 for that phenomenon, what is the nature, the real nature
13 of the challenge to our civilization.

14 We are accepting a very difficult task
15 and we need your help and it is imperative that we get
16 the views of as many Canadians as possible. This is
17 not only a technical issue for experts, it is a broad
18 social issue which affects the very nature of human existence in our time. It is a question
19 on which everyone can contribute a measure of insight
20 and wisdom, and for that reason we are anxious that we
21 have as much public discussion of this issue as possible
22 and that our hearings create a congenial atmosphere for
23 such discussion, and everyone present should feel free
24 to come forward. Microphones have been placed for your
25 convenience. It is not necessary to have a formal
26 written brief. We welcome oral submissions and in some
27 cases they are made under reserve for the right to
28 submit a written brief which will be submitted at the
29 proper time if time is required. We will
30 develop an understanding of this very difficult question

1 and therefore we invite everyone to participate.

2 And we will -- we are prepared to
3 receive evidence in private and anonymously. In our
4 public hearings we are, of course, not interested in
5 identifying individuals with particular experience, we
6 are interested in the knowledge, insight, general
7 observations, and if people feel they have things that
8 might be incriminating, they can give us their evidence
9 in -- anonymously and in the strictest -- in the
10 assurance that we shall treat it very confidentially.

11 Now, I now call upon the Director of
12 the Police of Montreal, Mr. Jean Paul Gilbert, who has
13 a submission to make in the name of the Montreal Police.

14 Mr. Director, could you please sit
15 at this table here? Mr. Gilbert is accompanied by
16 Sargeant Jacques Durocher.

17 DIRECTOR GILBERT: The Police of
18 Montreal would like to thank the Federal Government
19 for the establishment of such a Commission of Inquiry
20 on the non-medical use of drugs. The situation in
21 Montreal will need special attention from your Com-
22 mission. I have accepted as Director of the Montreal
23 Police Department to come here this morning. Although
24 we have not prepared a written brief, in order to
25 prevent giving the impression that the Police Department
26 here in Montreal does not give the due importance to
27 your Commission, we hope, if we are authorized to do
28 so, to present a written brief later on in order to
29 explain very precisely the problem that is seen here
30 in Montreal, the problem that we see as policemen.

1 For a Police Department it is not
2 up to a Police Department to make suggestions to the
3 effect of considering whether one category of drug or
4 another one can be considered as toxic drug, or should
5 be included in our penal code, of preoccupation, is a
6 preoccupation to its information on the behaviour of
7 the users, whether for medical or non-medical purpose.
8 The policeman can contribute in a very sensible way and
9 very considerable way to help solve this problem because
10 of the role he has to play within society, because of
11 the responsibilities he has to assume. The policeman
12 in duty is -- the policeman is on duty twenty-four
13 hours a day in all public areas and he is a witness
14 of events and situations, and can be well informed and
15 can give information to this kind of Commission of
16 Inquiry. We know that the Vancouver Police Department
17 and the Toronto Police Department have had the occasion
18 to meet you before. We do not know of the content of
19 their brief. It is quite possible that the attitude
20 taken by the Montreal Police Department will be
21 different somewhat -- somewhat different from the
22 attitude and techniques used by other police departments,
23 and I would say would differ mainly from the point of
24 view of the philosophy on which each police department
25 is based to act as policemen. In the Montreal Police
26 Department we consider it is very important to insist
27 on the prevention aspect, or the preventive aspect of
28 our responsibilities. We know, as every citizen knows,
29 that the role of the police is to stop the individuals
30 who violate the laws, to detect crimes and to prevent

1 delinquency. At the Montreal Police Department, we give
2 a very large definition to the word, "prevention" and
3 this is why we have put very -- a great number of police-
4 men to the task of meeting, not only children, but also
5 teenagers in a prevention program which is quite
6 important and which is applied by the Montreal Police
7 Department. More than 150 policemen are assigned --
8 are elected to that service called, "Help the Youth".
9 We have succeeded in reaching a population of teenagers
10 and children of more than 250,000, which means that from
11 the level of the pre-school to the high school we have
12 contacts with the young people, with the educators and
13 the population through the seminars during which we have
14 the opportunity to explain our problems and to explain
15 the effect and consequences of the use of drugs and also
16 to give the information to these various milieu we have
17 the opportunity to meet. We are speaking about the
18 education programs, the Montreal Police Department,
19 concerning the ill effects of the use of drugs, starting
20 from the seventh grade. We also take into account,
21 of course, the age of the children and also the level
22 of schooling and accordingly, also, the teenagers'
23 classes, and according to these various factors, the
24 program of -- our education program is different. The
25 Montreal Police Department does not want to be considere
26 as constituted of experts who can speak of that question
27 as experts. The Montreal policeman is not a social
28 worker and is not a doctor or a psychiatrist. It is
29 mainly a contact for information purposes, starting
30 from the experiences had a policeman and also starting

1 from declarations or testimonies of parents or teenagers
2 using drugs. I have to insist on the fact that we are
3 helped by a provincial organization known as OPTAT.
4 This organization gives us the help of their experts
5 and also will permit us the use of audio-visual equip-
6 ment enabling us to reach certain categories of persons
7 I have mentioned earlier.

8 THE CHAIRMAN: You have all the time
9 you need, Mr. Director. We are here to hear you, and
10 take all the time you need.

11 DIRECTOR GILBERT: I will repeat, I
12 have not prepared something very specific and talk
13 very much about our problem -- I would not like you to
14 consider this as a final participation to your Com-
15 mission of Inquiry because we know the importance of
16 that subject and we want to give you all the details in
17 order to have a right interpretation later on, so this
18 is only a preliminary comment, and I know that some
19 people in this audience who might want to ask us some
20 questions, might do so, perhaps later on when our brief
21 will be submitted, and the Montreal Police Department --
22 we don't like to do half-finished things. Because
23 Dr. Marie-Andree Bertrand insisted^{and}/we have accepted to
24 come here this morning.

25 Briefly, Sergeant Durocher, the police-
26 man on my right will give you his direct point of view
27 on the program for the past few years, starting from the
28 moment when we thought it necessary to have the parti-
29 cipation of the Montreal Police Department to a situation
30 which in other countries was a problem and which has

1 | become a problem here in Quebec. Of course, without
2 | any thought, this is a social problem that has occurred here
3 | and we don't want to talk about the permissiveness of
4 | society, it is not the aim and the purpose of our
5 | intervention. We want mainly to give you some information
6 | on the programs of the Montreal Police Department.
7 | Sergeant Durocher is responsible for the application
8 | of that program and will now give you some details.

9 | THE CHAIRMAN: Thank you, Mr. Director.

10 | SERGEANT DUROCHER: Thank you. Of
11 | course, my comments are directed to (translator inaudible
12 | the fact that we have the opportunity to participate
13 | in this Commission. In September '66, that is, the
14 | school year of 1966, when I had a ten or twelve month
15 | training and work in that field of drug use, we had
16 | started to train some policeman. First of all, at the
17 | level of the police school all the newcomers starting
18 | in September '66 and from that day on have received
19 | training concerning the identification of the products
20 | or drugs used by the public. These policemen were also
21 | trained to the necessary attitudes concerning the users,
22 | and have received the training to identify what drugs
23 | these people were using, so as to have the proper
24 | knowledge to help these people or send them to medical
25 | centres or clinics. After the end of 1966 and from
26 | 1967, almost 3,000 policemen have received at least
27 | a two hour conference and -- they have received a
28 | minimum of two hours -- two hour class on that subject.
29 | Last year we had received a request and people were
30 | asking for more knowledge so more policemen were trained.

1 All the policemen working within the youth program have
2 received an eight hour training concerning the medical
3 aspect of drugs.

4 THE CHAIRMAN: Are these trainings
5 for police work or for information.

6 SERGEANT DUROCHER: Well, they have
7 as the main purpose the information of the policeman.
8 Each policeman. This is, more than 3,000 policeman now
9 have received training and they have received the
10 necessary training to identify at a primary level the
11 drugs which have been used. In 1966, approximately
12 fifteen conferences had been given to all levels of
13 police work. In 1967 and with the help of the Bureau
14 and the staff working in that field of drugs, more
15 than hundreds of conferences have been given, so we
16 were starting to work more and more at the level of
17 policemen. People were requesting policemen to be
18 more informed. In '68 more than 250 conferences had
19 been given and in '69 even more because this is now
20 being more and more popular in all centres of the
21 province and I have given hundreds of conferences. The
22 program has various stages. We have to realize, of
23 course, that when we give a public conference, the
24 conference might differ from one person according to
25 the audience. We might have a group of very serious
26 persons and we have, on the other hand, the
27 other people who do not receive the message in the
28 same way. We have slides, we have 71 slides entitled
29 "Facing Drugs". Those slides have been approved by
30 doctors and psychiatrists and sociologists. They have

1 been done with the help of OPTAT Quebec; that is the
2 help for the prevention of alcoholics, and other use
3 of drugs, and Dr. Boudreau is the Director of that.
4 The 71 slides have -- are mainly made for the teenagers
5 and from twelve year old youngsters to the high school
6 level. They are quite free to receive us or not and
7 we go only when we are requested to go. We do not
8 force our conference on them. We wait for them to
9 request our visit. If we were to go to some place
10 where there is no interest in the subject topic
11 it is no use.

12 The second series of slides -- 75
13 slides -- the title is "Thoughts about Marijuana and
14 Hashish". They mention the hallucinogenic drugs among
15 others, marijuana and hashish, derivatives of cannabis.
16 This second series of slides; we also have twelve films
17 discussing the various medical, psychological, reactions
18 of users and various subjects. The use of alcohol, the
19 solvents, tobacco and so on. The information program
20 is destined to inform the people of circumstances and
21 dangers that are incurred by using these drugs. We do
22 not always insist on the dangerous aspects of marijuana
23 (inaudible) for instance if this is well adminis-
24 tered by physicians. The same thing applies to cocaine.
25 We inform the people about the seriousness of the use,
26 of the non-medical use of these drugs, marijuana and
27 hashish. When the policemen come to these small
28 meetings the person will consult a physician in order
29 to receive a treatment, does not feel vis a vis
30 the policeman when he does meet the policeman because

1 we see them in the true perspective.

2 DIRECTOR GILBERT: I would also like
3 to point out a special aspect. Why is the policeman
4 taking the responsibilities of giving these information
5 sessions? It is from concrete examples that policemen
6 learn actual experiences lived by adolescents or teen-
7 agers and these experiences have led to consequences
8 on the criminality level, not necessarily with regard
9 to items of our penal code concerning the prohibited
10 drugs, but rather the consequences of the use of these
11 drugs that have given occasion to some delinquency
12 circumstances as regard to other matters of the penal
13 code. The people who have sniffed, for instance, some
14 products, some glue, have to be informed not through
15 a film or reading, and the public must know also that
16 this is going on in the city of Montreal and they also
17 must know that some people have faced physical situations
18 leading eventually to death and we consider that the
19 teenager will be influenced objectively not only through
20 his physician who, of course, is essential in this
21 problem. We also receive during our meetings, the
22 visit of parents who are concerned about the behaviour
23 of the children, and who hesitate to communicate with
24 us because they feel some legal repercussions. So we
25 give them all assurances and all the groups we meet
26 are informed that the Montreal Police is trying to
27 help and it is interested in a particular manner of those
28 who try to spread the use of this dangerous product
29 throughout the population, factually the pusher, and
30 this is what really concerns us, on the level of accu-

1 sations made or charges made, and when we learn that
2 some groups of teenagers are trying just by curiosity
3 to -- resorting to this dangerous products, just through
4 curiosity, we try to show them some facts led by the
5 police.

6 SERGEANT DUROCHER: Since three years
7 ago, we were faced with this use of glue and all other
8 harmful products which are not covered by the drug
9 legislation, and with the co-operation of Mr. Cardinale
10 and Mademoiselle Bertrand we can say today that the
11 people who ask our services, these people come and they
12 say, "My children are sniffing glue, or using some other
13 property", and then the information is centred in our
14 office and then it is directed to Mademoiselle Bertrand
15 and we have four hospitals in Montreal where physicians
16 are diffusing and broadcasting this information to
17 teenagers who are victims of this use. We are -- the
18 hospitals are Maissonneuve Hospital, Children's Hospital,
19 Children's Memorial and St. Christine. And these four
20 hospitals physicians receive some directions, and the
21 co-operation of (Dr. Gagnon) and the Police Services.
22 And all the people who require these services will be
23 conducted in the future. These people are being given
24 information by the physicians in these hospitals on
25 dangers -- entailed by the use of glue, for instance,
26 or other instances.

27 THE CHAIRMAN: Professor Bertrand?

28 PROFESSOR BERTRAND: Mr. Gilbert,
29 I shall have two questions to ask you: The first one
30 will be on the efficiency of the law. I think there is

1 consensus among the specialists of criminal policy,
2 when a law is well designed and the sanctions are pro-
3 portionate to the popular conscience, culture, and
4 customs, after a certain time of law enforcement, we
5 see that the criminality curve takes an assigning
6 pattern. Then if the law is well designed the curve
7 has a decreasing pattern because the citizens have found
8 out that this law could be enforced and those who
9 violated the law were arrested and we know there is a
10 decrease in criminality. I don't know whether my
11 information is exact. I wouldn't ask you to give me
12 today statistics. You will submit in a written form.
13 Now, am I right when I assume that at present our law
14 on possession and use of marijuana in particular are
15 not quite efficient, in other words, criminality is
16 increasing, but has not reached the peak before
17 decreasing? This is my first question.

18 DIRECTOR GILBERT: Well, this is a
19 question I would like to think about before answering.
20 There is no doubt that the laws must change with
21 society. A law that is used at the time becomes
22 obsolete at another time of history. Well, when you
23 ask if marijuana should be included with the substances
24 prohibited by law, I could not answer. I think that
25 on the medical level we could find an answer to this
26 because it is a controversial question. The effects of
27 this substance, the use of these substances of course
28 lead to a criminal behaviour, but after determining the
29 categories of the drugs that should be included in the
30 law, this is a quite different matter. I am not able

1 to give my opinion on this because this is a matter
2 that concerns a medical point of view rather than a
3 legal point of view. And I think no one doubts today
4 about the consequences on the criminality level from the
5 behaviour after use of these drugs, that the marijuana
6 should lead to a delinquent behaviour. I assume this is
7 so. This is true.

8 Now, is this the only factor that is
9 causing this delinquent behaviour, or are there some
10 other factors to be taken into account when such anti-
11 social act is provoked?

12 PROFESSOR BERTRAND: I think we could
13 say that your service is establishing contact with
14 people who violate the law.

15 DIRECTOR GILBERT: This is our res-
16 ponsibility, of course.

17 PROFESSOR BERTRAND: Well, the mari-
18 juana users who would not infringe the law would not
19 be in contact with you.

20 SERGEANT DUROCHER: This is true. But
21 the last time, of course, that even though they don't
22 become delinquent and are not accused of anything, they
23 come to our office. We would like to point out this.
24 We do not maintain only police contact. We have a
25 dialogue throughout the day, throughout the year, with
26 many persons who are not even accusable of anything.

27 THE CHAIRMAN: What is your impression,
28 Mr. Director, about the efficiency of the present law
29 in respect of marijuana? Do you have the impression
30 that this phenomenon and the relative efficiency of the

1 law are bound together?

2 DIRECTOR GILBERT: I wouldn't say the
3 law is not efficient because the people are still using
4 this product. No, I wouldn't say that.

5 I assume this is a medical question,
6 a medical matter, if we want to know if marijuana should
7 be included in the articles of our penal code prohibiting
8 the use of these drugs.

9 THE CHAIRMAN: Well, would you say,
10 Mr. Director, that the Police are well prepared to
11 accept an educational role? Do you think this role
12 should be assumed by the Police, and that this is the
13 best system to be devised in order to reduce this
14 problem? Do you think this is a role you have assumed
15 because some other people are not taking care of it?

16 DIRECTOR GILBERT: Well, this is true--
17 partially true. A second example of the Montreal Police,
18 twenty years ago, for instance, the Montreal Police had
19 a section which was concerned about the youth. The
20 police activity was oriented since that time to sporting
21 activities, and the police were organizing hockey clubs,
22 baseball clubs and other sporting activities.

23 At the time the policeman was rather
24 a sporting monitor or sporting instructor. This role
25 given to police -- this role at that time had to fill
26 a gap because they realized that if the children didn't
27 have any organized leisure activities, this could lead
28 to delinquency, and they decided to intervene. The
29 City of Montreal organized, at the time of course,
30 leisure activities service which, with the passing of

1 time, became very efficient. Now, the Police have
2 abandoned that activity, without, of course, abandoning
3 the sporting field directed to the youth. This gives
4 a good image of the policeman in society in order to
5 establish a prevention system of delinquency. Society
6 should realize that the policeman is not the other man
7 who could be presented to the youngsters, who only
8 intervenes when someone has done something prohibited.
9 The policeman should be considered as a protector of
10 society.

11 In the sector that concerns your
12 Commission, I think this role should be transferred. It
13 is true that there are not many organizations who are
14 taking care of this matter with the population. The
15 policeman is permanently in contact with the behaviour
16 of individuals within society, and through this fact he
17 is in a privileged position to make observations because
18 he could measure with more accuracy the effects of some
19 behavioural patterns. When the policeman notes that a
20 large number of girls will indulge in prostitution, and
21 after interrogating these young girls they find out that
22 this is the situation, in order to get some money to
23 buy these products called marijuana or something else,
24 then the policeman wonders what his role is. First, he
25 thinks he should inform in this feminine sector by using
26 some informations and gathering of facts. This is the
27 field where the police think it has a role to play, and
28 I agree with you when you say that the Police is assuming
29 the role that should be extended to a larger number of
30 organizations.

1 THE CHAIRMAN: Is this educational
2 role that would entail the application of law enforcement
3 -- the enforcement of law? Will this imply some dis-
4 crimination of some groups? Is there a conflict between
5 the educational role and the law enforcement role?

6 DIRECTOR GILBERT: Well, there are
7 some risks, of course, and this is why the majority of
8 police organizations are a little reluctant to engage
9 in this sort of activities. Of course, the Police
10 should always concern itself with the law enforcement
11 activities, and this is only limiting ourselves to the
12 protection and prevention roles. But the Police has
13 also some prevention tasks to perform and we do not
14 see a total conflict between this information role we
15 are assuming right now and guidance toward organizations
16 and social agencies who could help the youngsters and
17 we think that we are exerting a positive influence
18 through advice and directions given by the Police
19 because of the large experience ---

20 PROFESSOR BERTRAND: Mr. Gilbert, in
21 some quarters, people have said that part of an
22 educational program you are applying could be an
23 alarmist program. It was just stressing the negative
24 factors. How could you answer to this? Could we see
25 a plan of one of your courses?

26 DIRECTOR GILBERT: Well, we would
27 like to be heard in order to submit to you the program
28 of one of our lectures at different school levels.
29 When we were organizing our program we adopted some
30 general lines and our first concern was to avoid any

1 communication to our policeman of some information that
2 they could not convey because of the scientific -- the
3 insufficient scientific training. Now, we were not
4 intending to have the policemen play the role of an
5 expert. Owing to the participation of OPTAT who have
6 set up the audio-visual program as well as the text
7 used, we are trying to have this text used by our police-
8 men. Then advice given from the policemen comes from
9 examples of events they have witnessed as policemen.
10 As Sergeant Durocher mentioned a moment ago, we have
11 close relationship with the Welfare Court, with Dr.
12 Garneau and (Dr. Richard) also, President, Chairman of
13 OPTAT, and we still think that the attitude of the
14 police of Montreal is not alarmist when they present
15 their advice and their lectures in order to inform
16 different audiences.

17 MR. STEIN: Would you say that the
18 approach -- correct me if I am wrong -- the use of drugs,
19 and in particular, or marijuana, is, from what you said
20 earlier, usually going to lead to some form of delinquent
21 or criminal behaviour-- I thought that's what you say,
22 the way it was translated, other than the illegality of
23 the drug? Is this your position, in other words, that
24 your concern is ---

25 DIRECTOR GILBERT: Our main concern
26 is the effects of different drugs and by experience
27 we have noticed that in many cases the comportment of
28 the person was in contravention with a lot due to the
29 lack of possibility of self-control of the individual.

30 MR. STEIN: Well, in talking with

1 large numbers of people who are using the drug under
2 question here, marijuana, one of the points they make
3 is that the law enforcement agencies don't seem to be
4 able to distinguish between using the drug and abusing
5 the drug -- in other words, there is often an assumption
6 that use will lead to behaviour that may be anti-social
7 or criminal or something along these lines, and I am
8 wondering if this is what you were trying to get at,
9 in other words, in terms of the alarmist approach, that
10 the young people just stop listening when they aren't --
11 when it isn't made clear that there could be a use of
12 the drug that may be quite harmless and could be just,
13 in their terms, recreational. This doesn't seem to be
14 a position that law enforcement agencies generally
15 recognize, that the drug use might be simply a form of
16 recreation. Would you ---

17 DIRECTOR GILBERT: Well, we don't
18 have to determine if it is only a form of recreation
19 as long as the law says that well, use of marijuana is
20 criminal, and again, I repeat myself, and again, medical
21 facts, that you will be able to make a decision on that,
22 but definitely the effects of the use of marijuana on
23 certain individuals have a tendency, well, they could
24 lead to the delinquent behaviour. It is not because of
25 persons who smoke a cigarette or marijuana or some
26 other substance that is concerning us in our prevention
27 programs or arrest programs. The law says something
28 and the police have to intervene and whereas in a
29 prevention program we are convinced that the effect of
30 marijuana use, the use of marijuana could lead some

1 individuals to have a behaviour that could be considered
2 as delinquent. Of course maybe Sergeant Durocher could
3 give some other aspect to your question.

4 SERGEANT DUROCHER: Well, from a
5 personal experience, since I have been working for
6 several years in this environment, we take something as
7 a recreational substance, we could drink some alcohol
8 or some wines or simply eat or have a social life, but
9 when we come to the narcotics field there is an attitude
10 of, I could not help, and of course the use of this
11 substance would lead, probably, this individual to the
12 drug field. All these factors that are around the
13 individual have to be taken into consideration. Of
14 course, we could make large publicity along this, and
15 we are harming, bringing some harm, to the word of
16 "freedom". Of course the concept of freedom and liberty
17 is very relative where we are considering marijuana,
18 hashish or something else, it is the behaviour of the
19 individual outside his milieu that is concerning us.

20 MR. STEIN: On that point, the
21 suggestion has been made to our Commission that perhaps
22 the law should concern itself with the behaviour that
23 is anti-social or threatening to other people, that,
24 in other words, when individuals are involved in criminal
25 activity that affects other persons, then the law should
26 certainly be used, but the use of the drug in and of
27 itself may not constitute a form of behaviour that is
28 criminal. It may, as you said, lead to involvement in
29 the drug situations that are in the community.

30 SERGEANT DUROCHER: I think that

1 directly you want to mean something like figure out
2 four or five persons smoking pot very quietly in their
3 living room, just that, that is what you mean.

4 MR. STEIN: Well, all right, yes.

5 SERGEANT DUROCHER: And, like that, if
6 you open a view that way or you want to have a look in
7 that direction, just smoking pot very quietly at home
8 with no exterior contact, that then we should take care
9 or we should give a direction to, you know, our activities
10 in that way.

11 PROFESSOR BERTRAND: Mr. Durocher, are
12 we referring here to the Ouimet Report that the users
13 of drugs (translators inaudible) abuse their
14 right and they are not violent to other persons?

15 DIRECTOR GILBERT: Well, the Police
16 position is clearly explained when we say we have to
17 participate in prevention programs especially for the
18 use of marijuana because we have the opportunity to show
19 that many individuals who, because of the use may cause
20 deleterious behaviour, and it is up to us to determine
21 whether the use or the smoking of pot in your own living
22 room would mean the intervention of the police. The
23 police will have to answer the law says something, the
24 law says the police have to intervene, that we are
25 convinced as policemen that, whether it be a law or not,
26 we have to find a means of educating the people in order
27 to give the information to the users of this drug, to
28 tell them about the risks and the consequences, taking
29 into account their own personality, taking also into
30 account the possibility of addiction or non-addiction.

1 THE CHAIRMAN: Mr. Director, is a
2 means used by you to apply this essentially as an
3 infraction? Is the possession, for instance, of marijuana
4 essential to the application of this law and what are
5 the means used for the application of that law, for
6 checking the possession of marijuana.

7 SERGEANT DUROCHER: As for the law
8 of narcotics to charge someone with possession of a drug,
9 whatever drug, this person has to be in possession of
10 that drug. This is the direct application of the law.

11 THE CHAIRMAN: Well, that means
12 apprehension, or to charge people -- what are the means
13 that are necessary?

14 SERGEANT DUROCHER: You are asking
15 for my professional secrets?

16 THE CHAIRMAN: Well, some people would
17 say that you are severe, you are strict, and that you
18 had to go through locked doors and physically, very
19 strong, to apply this law. We want to know what are
20 the means.

21 SERGEANT DUROCHER: The R.C.M.P.
22 officers who have received a mandate to apply this law
23 on narcotics have the mandate, and they can use force
24 if necessary. The Montreal Police Department is in the
25 same situation. If we have a requisition mandate, if
26 we have a warrant, we have to use it.

27 DIRECTOR GILBERT: The law is very
28 clear in the means that these Police Departments can
29 produce in order to be able to present before courts
30 some proofs of criminal offence. When we believe that

1 a person is in possession of stolen goods, for instance,
2 a judge will give us a warrant, a search warrant, the
3 policeman will apply it and force doors, if necessary.
4 This is the same thing for narcotics. The policeman has
5 to give some elements of proof to the court and we have
6 to use force sometimes, it is authorized by our laws.
7 Of course, we have to have the reasons.

8 MR. CAMPBELL: Monsieur Director, we
9 have the facts of intoxication with alcohol and intoxi-
10 cation with marijuana. Do you find that the person
11 intoxicated with marijuana is a more dangerous person,
12 is his conduct apt to be more anti-social than the
13 person who is intoxicated with alcohol? Does his be-
14 haviour vary significantly as seen by the police officer?
15 Is one more desirable than the other?

16 DIRECTOR GILBERT: I will answer the
17 first part of that question. Sergeant Durocher will
18 answer the second part. There is a long series of
19 nuances to consider. We have to take into account the
20 doses, the quantity of alcohol or marijuana which has
21 been absorbed. For the past years, since the creation
22 of cause and effect, we have had laws forbidding an
23 individual to drive a car under the influence of alcohol
24 and/or other drugs. In the law there is an article
25 forbidding the person under the influence of alcohol or
26 other drugs to be in the driver's seat of a car whether
27 he is driving the car or not. The lawmakers have con-
28 sidered that the person is not enough in control --
29 cannot control his reactions enough and so should not
30 even sit in the driver's seat while under the influence

1 of alcohol or other drugs.

2 As a policeman, we go through experi-
3 ences where we notice that those persons have almost
4 totally lost the control of his own person. He might
5 jump from a window on a seventh floor, thinking that he
6 is just going down one step in a staircase. You might say
7 that this is exaggerated, but, of course, it is an
8 extreme example, but you have various kinds of reactions
9 that have been noticed by a policeman. Individuals
10 having used marijuana while arrested, which means that
11 there should be a means of control in the ^{use of} marijuana.

12 SERGEANT DUROCHER: If I may add some-
13 thing, there is a limit, the extreme limit, that seems
14 to fascinate people when you ask questions about alcohol
15 or marijuana and you ask questions about their behaviour.
16 It is official that the behaviour of a person does not
17 react in the same way under the use -- the influence of
18 alcohol or under the influence of marijuana. Of course,
19 alcohol means beer and 95% proof alcohol. When we talk
20 about marijuana we can talk about the very weak deri-
21 vative of cannabis; someone who has gone on a trip might
22 do various things. The person will react psychologically.
23 Some persons have been had because they buy the thing
24 not very good, and they buy the weakest part of that
25 plant, so it is very difficult in fact to answer these
26 questions about the behaviour of people under the
27 influence of marijuana or about the attitude we have --
28 we should have to its -- to a person under the influence
29 of marijuana.

30 THE CHAIRMAN: Some of the people who

1 are marijuana users, in making the comparison between
2 these two drugs, have stated to us that alcohol, when
3 it leads to intoxication, very frequently leads to
4 aggressive behaviour, hostile behaviour, fights frequently
5 result. But they suggest to us that people intoxicated
6 with marijuana very seldom become violent in their
7 behaviour in the manner that the drunk does. Would that
8 type of statement be borne out by your experience?

9 SERGEANT DUROCHER: It might. But
10 under the influence of alcohol, some people become
11 violent and want to fight, and they are usually more
12 violent under the influence of alcohol, but a lot of
13 people are using other products and not only marijuana.
14 I don't think we should limit ourselves to only marijuana
15 and grass. We have to go further than that. As one
16 person who will use, will drink one bottle of beer, will
17 want to start a fight, or someone who might smoke a
18 couple of joints of marijuana will want to fight also.
19 We have to go further from that. We might reach a point
20 where violence is frequent. For instance, someone using
21 stimulants or acids will -- might be violent. All the
22 Montreal Police can say is that there is a loss of
23 control and that individuals using marijuana, whether it
24 be that they have passive or aggressive reactions, this
25 is another question. In the prevention program, the
26 policemen want to give information to the public on what
27 has been noticed concerning that loss of control through
28 an abnormal behaviour. This is our main preoccupation
29 aside from the legal aspect of the use of marijuana.
30 It is quite clear in our minds that the effects might

1 lead to a loss -- will lead to a loss of control of
2 ourselves, to determine whether an individual, and this
3 is the question that has been asked today, to determine
4 when an individual should be free to decide by himself
5 what actions he should take. Whether this should be
6 controlled or not, is not up to the policeman or the
7 Police Department.

8 SERGEANT DUROCHER: We have to take
9 into concern also that the effect on the body of
10 marijuana is not yet known. They are -- physicians are
11 considering the physical reactions on the body or the
12 spirit. Marijuana is still unknown. If you have to
13 take one unknown compared to another unknown, you can't
14 of course foresee the result.

15 MR. CAMPBELL: Let me raise a slightly
16 different question. The use of marijuana, and I would
17 like to stick to this question with marijuana, has
18 reached extraordinary high proportions in this society,
19 enough so that some people say that we have a situation
20 that is analogous to a situation we had during the
21 Prohibition years with alcohol. Is it your opinion that
22 there is a difference between these two situations from
23 a law enforcement point of view? Is it likely that the
24 police can expect to have greater success in enforcing
25 the law prohibiting marijuana with the success they
26 could have in enforcing the law regarding the use of
27 alcohol?

28 DIRECTOR GILBERT: I would like to
29 give an answer to that in our written brief, if I may.
30 It is not that I don't want to answer your questions or

1 that I am using a subterfuge. I realize the importance
2 of that question, but I would not like to improvise, and
3 I would like to give an answer later on in our brief, if
4 I may.

5 THE CHAIRMAN: Well, thank you very much,
6 Mr. Director and Sergeant Durocher. It is understood
7 that you will present a written brief to us later on.
8 Thank you very much.

9 I call now, on Mr. Brian A. Grosman
10 of the Faculty of Law of McGill University and his sub-
11 mission will be followed by that of the Canadian Medical
12 Association.

13 Professor Grosman?

14 PROFESSOR GROSMAN: Mr. Chairman,
15 members of the Commission. Certain fundamental questions
16 are raised by the subject matter of this inquiry, and I
17 would like to deal with those questions only which fall
18 within my own area of competence. And in doing so, I am
19 avoiding for the moment some of the very important
20 medical and causal questions which you yourselves have
21 raised. I have no competence to answer those questions.

22 As a former criminal defence lawyer
23 and as a Special Prosecutor to the Minister of Justice
24 and now as an Associate Professor-Lawyer teaching in the
25 fields of criminal justice at McGill University, my
26 remarks I direct to the administration of criminal
27 justice and its implications for the enforcement of laws
28 relating to the possession of marijuana. For the moment
29 I am going to be talking about the possession of mari-
30 juana. I will, with your permission, submit a more

1 detailed brief with appropriate footnotes dealing with
2 a more comprehensive look at the administration of
3 criminal justice and the total picture.

4 I am going to pose a number of questions
5 which I will attempt to answer. The first question is
6 this: Under what circumstances has the use of the
7 criminal law to deal with undesirable behaviour produced
8 more harm than good?

9 The second question: Under what cir-
10 cumstances does the criminal law become ineffective
11 requiring the search for alternative methods of social
12 control?

13 The third and last question: Does the
14 community, by changes in its attitudes towards certain
15 forms of behaviour, influence enforcement policy and,
16 ultimately, what laws are enforced and what laws remain
17 unenforced?

18 Permit me to deal first with the last
19 question that I have raised.

20 General community attitudes define
21 certain acts as deviant by the community's response to
22 those acts. Such a response on the part of the community
23 may even reinforce the deviant act, even in the eyes of
24 the offender himself. For example, as long as homo-
25 sexuality between consenting adults in private was a
26 crime the homosexual was a criminal and would have to
27 think of himself as a criminal. It is when the community
28 generally feels threatened by certain acts and becomes
29 unsure of the efficacy of certain standards of behaviour,
30 that the demand for enforcement of the law becomes

1 greatest.

2 One of the times when a community may
3 feel most threatened is when a true lack of consensus
4 develops about the norms and the laws to which that com-
5 munity in the past has subscribed.

6 What are the limits or order that a
7 society can hope to achieve by calling upon the police
8 and the courts? If there is occurring a substantial
9 drift from the norm will the imposition of legal sanctions
10 through the criminal law enforce or ensure conformity?
11 Conformity to law is only ensured when the law is
12 accepted by the vast majority and there is, as a result,
13 little need for policing, little need for enforcement,
14 or the imposition of sanctions to ensure continuing con-
15 formity. For example, the income tax laws. Most people
16 conform to that law. If most people did not conform to
17 that law there would be little hope of ensuring con-
18 formity by using penalties and imposing gross sanctions.

19 It is unlikely that a law can be
20 utilized as the main or only restraining influence to be
21 used by some to maintain or impose order when other forms
22 of social control, the family, the school, the church,
23 have been unable to achieve that end. Is it the role of
24 the criminal law to emphasize conformity to standards
25 when all other traditional controls have broken down?
26 As I have said, it is often only when the consensus is
27 least attainable that the need for legal expression and
28 enforcement appears to be greatest. It's already been
29 mentioned that Prohibition in the United States was a
30 clear example of such an attempt to control the sale of

1 liquor by criminal sanctions when demand was high for
2 the product and conformity to the law was ignored by the
3 majority.

4 As long as drug use remained a pheno-
5 menon primarily related to the lower class and criminal
6 element, a small minority, or heroin was probably the
7 most common drug, criminal statutes could be effectively
8 utilized and enforcement implemented. But when drug use
9 becomes a middle and upper class phenomenon criminal
10 sanctioning may be no longer appropriate or effective.
11 Just as the middle class once challenged the proposition
12 that alcohol was inherently dangerous and inevitably led
13 to abuse, so now we are asking the same questions about
14 the use of marijuana.

15 Unlike the classic criminal or delin-
16 quent, the user of marijuana is in many ways a non-
17 aggressive, intelligent and self-aware critic of society,
18 who consciously does not subscribe to society's norms
19 and is able to articulate his reasons why he cannot sub-
20 scribe to society's standards often more lucidly than those
21 accept the middle class norm without considering its
22 validity.

23 It may be that the present laws re-
24 lating to marijuana and other "soft drugs" could work --
25 could work if applied equally to all violators as we
26 then could be certain of total enforcement. Very few
27 violators would escape detection and all would know that
28 violation of the law would inevitably result in arrest
29 and conviction. Under those circumstances, if enforce-
30 ment was maximal, sanctions could be minimized and con-

1 formity to law probably achieved. However, as drug use
2 increases and spreads to different sectors and classes
3 of the population, the more police will be required to
4 guarantee full enforcement of law. We, however, do not
5 presently have the police resources to devote to this
6 gargantuan task. As use continues to increase, in order
7 to police violators effectively, police resources may
8 have to be deployed away from their more traditional
9 role of apprehending the criminal who causes serious
10 injury to the person and property of others in order to
11 spend more time in controlling drug violations. The
12 degree of enforcement may ultimately resolve itself into
13 a question purely of priorities. What do you want your
14 police force to be doing?

15 If we cannot apprehend and try all
16 violators or even a majority of violators, are arrests
17 and convictions for possession of marijuana mere token-
18 ism as an example to others? Can we still believe that
19 the harsh sentencing of the very few who are caught
20 will deter the majority? The majority who know that
21 their chances of apprehension by the police are slight.
22 There is no empirical data that will support the theory
23 that harsh penalties meted out to the few will deter the
24 many who know their chances of ever being caught are
25 minimal. It is the high level of enforcement that
26 deters not minimal enforcement with maximum penalty
27 imposed on the unlucky few. If such a policy of maxi-
28 mum penalty imposed on the few who are caught is con-
29 tinued ultimate failure of control cannot be doubted.

30 The myth of full enforcement must be

1 put to rest, not only in the sense of the limited police
2 resources available to prevent and apprehend violators,
3 but also the myth that all laws are uniformly enforced,
4 uniformly applied to all violators no matter what their
5 station or status in the community. Police officers
6 exercise an important and powerful discretion when they
7 decide whether to make an arrest or not to make an arrest.
8 Upon what criteria is this crucial exercise of discretion
9 based? Under what circumstances does a police officer
10 decide not to invoke the criminal process or, on the
11 other hand, to initiate someone into the process? Who
12 is selected and who is not selected and upon what
13 criteria is the selection made to ask someone to answer
14 to a charge of possession of marijuana? It is too
15 simplistic to say that the officers merely enforce the
16 law and exercise no discretion in its invocation. The
17 question is, who is caught and why?

18 A number of American studies of the
19 police may assist in answering this question. I have
20 footnotes in my submission to you. These American
21 studies have described the characteristics of the police,
22 their values, homogeneity and attitudinal characteris-
23 tics. One of these studies points out that behaviour
24 that police find particularly disturbing or even threat-
25 ening to their own self-image is that which displays
26 little regard for their authority or way of life. The
27 police officer, it is suggested, having internalized
28 the goals of the middle class, measures any cultural
29 difference against his own values as a yardstick and
30 may find overt differences threatening. Such lack of

1 behavioural conformity is most noticeable in those whose
2 dress, habits, gathering places and response to police
3 questions clearly set them apart. A police officer, per-
4 ceiving such non-conformity, may find that in itself
5 grounds for suspicion. Beyond dress, if the individual
6 does not recognize the police officer's authority or
7 seriously transgresses any of the officer's cultural
8 values, for example, is unclean, unshaven, disrespectful,
9 unemployed, such suspicion, or resentment, may grow
10 stronger. For example, in the most obvious case which
11 most of us have experienced, the traffic violation, some
12 who have broken the law are merely warned, others breaking
13 the same law are sent a summons or even arrested. Why?
14 Because the police when they stop a motor vehicle often
15 apply what they call an attitude test -- to see if you
16 have the right attitude. If the driver successfully
17 passes this attitude test, no sanction will be applied.
18 But if his attitudes do not conform or if he displays
19 disrespect for the officer or his authority, the full
20 rigour of the law will, in all probability, will be
21 applied.

22 So, too, with arrest on a charge of
23 possession of marijuana. It may not be the young doctor
24 who smokes privately with his friends at home, but the
25 overt non-conformist who congregates at a coffee house
26 who is most liable to the rigorous enforcement of the
27 law. The active policing of certain places and certain
28 types of persons may be influenced as much by the police
29 officers perception of the dangers and threat of non-
30 conformity as by the likelihood of the commission of any

1 offence.

2 As we have noticed, all violators of
3 drug laws cannot be apprehended. But even the limited
4 enforcement which does take place, may be discriminatory,
5 so that limited enforcement is concentrated on one
6 segment of potential violators. Middle class violators,
7 those who conform in dress and speech may receive sub-
8 stantial benefits of non-enforcement.

9 Just as the police are influenced by
10 their own value system so too prosecutors and judges
11 cannot help but be influenced by current community values.
12 In my book entitled, "The Prosecutor, an Inquiry into
13 the Exercise of Discretion", I deal at some length with
14 the implications of community and police values upon the
15 exercise of discretion. These influences seriously
16 affect the prosecutor's decisions as to what charges he
17 will proceed with, what charges he will reduce or even
18 withdraw. Public attitudes no doubt influence decisions
19 by judges as to the severity of sanctions which they
20 will apply. A good example of the influence of public
21 attitudes on law enforcement is reported in a county just
22 south of San Francisco on the California coast. This is
23 in relation to charges of possession of marijuana. Now,
24 that charge in that county, or in the State, has recently
25 been changed from a mandatory felony like our indictable
26 offence, to an optional misdemeanor for first offenders.
27 So that would be an option to proceed by summary con-
28 viction with relation to first offenders.

29 In this particular county as recently
30 as four years ago, any case of possession, whether or not

1 in quantities indicating sale, was invariably brought
2 to court by prosecutors, regardless of the status of the
3 individual offender. Judges admitted few, if any, tech-
4 nical bars to conviction, and penalties were relatively
5 severe. Over time, however, the community attitude
6 concerning marijuana and many of the pharmaceuticals
7 classed as dangerous drugs changed. The use of these
8 prohibited drugs proliferated, as indicated by a recent
9 newspaper's recent claim that 85% of the high school
10 students in a better residential area of this particular
11 county indulged in their use, many with tacit parental
12 approval. In one such area, parents referred to the
13 high school with amusement as "Marijuana High".

14 During the last two years in this
15 particular county, and I will submit the empirical data
16 to the Commission eventually -- in this particular county
17 the changing public attitude and the increasing use of
18 marijuana has been paralleled by a change in the actions
19 of the courts in such cases. At first, sanctions im-
20 posed for possession tended more to the minimum than to
21 the maximum as had previously been the case. Later,
22 as possession cases became very numerous, judges acceded
23 to more technical bars raised by defence counsel to the
24 introduction of evidence of possession, resulting in
25 many more Not Guilty verdicts. This caused a change in
26 policy in the county Prosecutor's office, so that
27 prosecutors now refused to take cases to court involving
28 possession of quantities indicating individual use only.
29 This change of action on the part of the courts and the
30 prosecutor occasioned a consequent change in the policy

1 and action of the police, obviously since these charges
2 were not being substantiated, since they were not being
3 enforced the police were not going to take the time and
4 trouble of arresting these people. As a matter of
5 practical policy, police officers in this county now
6 generally refrain from making arrests in marijuana cases,
7 unless the amount involved indicates possession for sale
8 or the case involves some other offence on which the
9 courts are likely to act.

10 This episode is mentioned merely to
11 point out that the law remained unchanged but the dis-
12 cretion exercised by the judiciary, the prosecutor and
13 ultimately by the police in response to community atti-
14 tudes had, in effect, made the enforcement of the law
15 relating to possession of marijuana, a dead letter.

16 The moral of the story may be that the
17 law cannot march to its own individual tune, out of step
18 with community attitudes. The function of criminal law
19 is not to preserve some abstract or traditional concept
20 of morality, nor is to force conformity where all other
21 institutions charged with helping youth to internalize
22 norms, the church, the school, the family, have failed.
23 The criminal law is charged with keeping the streets
24 safe, of protecting life and property from serious harm.
25 Similarly, the police cannot be forced into the unpopu-
26 lar role of "Big Daddy", who, when he can no longer
27 reason with his children, ensures short term conformity
28 by the use of the big stick. That never works in the
29 long run in the family situation nor will it work in
30 ensuring conformity to narcotic laws.

I will now attempt to answer briefly
some of the questions that I have raised:

One. The use of criminal law to deal with the possession of marijuana may have become, much like "Prohibition" and "Sunday Blue Laws", out of phase with society and accordingly have become dysfunctional in regulating behaviour. Only an accurate survey of public attitudes to marijuana will answer that question. Such a survey should concentrate on public attitudes in urban centres and educational institutions where the problem really exists.

Two. Some empirical data is required on the criteria upon which police are making arrests for narcotic violations. Who is being arrested, and why? Selective enforcement, if it exists, is discriminatory and out of keeping with the concept of legality and fairness which must dominate the administration of criminal justice if it is to maintain public respect and legal credibility.

Three. Alternative methods of social control must be sought outside the criminal law. Educational campaigns, intelligently programmed at students on the dangers of particular drugs and from their continued use. And I emphasize "intelligent". I really don't believe it's the police function to educate students. I stress "intelligent" campaigns of public education. Anything less will be totally ineffective and may be harmful.

Four. It may be, and I will go into this in some detail in my formal submission -- at this

1 point I merely am speculating.

2 Four. It may be that the possession
3 of marijuana should no longer be designated a criminal
4 offence. Sale possibly should be controlled through
5 government agencies. Abuse of the use of marijuana
6 could be controlled through legislation much like the
7 legislation which prohibits drinking while driving or
8 being drunk in a public place, or whatever.

9 Individual possession for sale or for
10 trafficking would continue to be an offence with the
11 option to proceed by way of summary conviction or
12 indictment. Since the government would control dis-
13 tribution much like liquor distribution, anyone else
14 competing with the government would be committing an
15 offence.

16 The profit motive for sale would die
17 with governmental control and distribution. Organized
18 crime will find this particularly unattractive for they
19 thrive on high demand and the unavailability of the
20 product in demand.

21 Five. Possession of so-called "hard
22 drugs" which have a proven potential of serious harm --
23 heroin, etc., should remain an offence with the option
24 of proceeding by way of summary conviction or by indict-
25 ment. Maximum and minimum sentences, even for trafficking
26 in hard drugs, should be removed to permit the presiding
27 judge maximum flexibility in dealing with individual
28 problems. Although some general sentencing guidelines
29 may be appropriate, but not mandatory.

30 Six. Every effort should be made to

1 provide medical and hospital facilities for those con-
2 victed of possession or of trafficking -- not possession,
3 I mean for trafficking in so-called hard drugs so that
4 those who wish to "kick the habit" are provided with
5 some real help in doing so.

6 My last point. It is probably the
7 most general and most philosophical point. Studies
8 should be instituted into the aims and goals of a system
9 of criminal justice in order to better define its areas
10 of operational validity and the limits of control by
11 criminal sanction. So-called "crimes without victims",
12 prostitution, attempted suicide, drunkenness, and even
13 possession of marijuana for individual use, may be
14 inappropriate to the application of criminal law and
15 better controlled by private and public means outside
16 the ambit of the criminal law and its severe sanctions.

17 THE CHAIRMAN: Thank you, Professor
18 Grosman. Any questions from the Commission? Professor
19 Bertrand?

20 PROFESSOR BERTRAND: Professor Grosman,
21 I notice you relied on Makarios' Principle, the
22 certainty -- if I translated it incorrectly, just
23 correct me -- the certainty of repression is more
24 effective than the severity of sanctions, isn't that
25 the first part of your paper?

26 PROFESSOR GROSMAN: Yes.

27 PROFESSOR BERTRAND: However, I think
28 that if we leave out of our consideration for one second
29 the law enforcement agency, which is the police, actually,
30 and if we tried to focus on your own discipline area of

1 influence, which is Criminal Law, I would really like
2 to ask you, is it at all possible that, with all the
3 considerations that you mentioned to us, as to the fact
4 that the culture, family values, have gone much beyond
5 what the actual criminal law tries to enforce; is it at
6 all possible that the criminal law comes a bit closer
7 to the cultural values? This is your realm of complete-
8 ness. How can this be done?

9 PROFESSOR GROSMAN: One of the beauties
10 of law, and maybe criminal law specifically, it is
11 usually between twenty and fifty years behind the times,
12 and I think that is a good thing in many ways, because
13 before we move in changing the law we consider it very
14 carefully so that we are not merely changing the laws
15 because someone, be they the youth or other people, say
16 they were no longer "relevant". We think about it, we
17 cogitate upon it, we re-cogitate upon it, and only then
18 is the law changed. But what happens, and this is
19 interesting, is, before the law is actually changed,
20 if it is out of tune with society, then we find that it
21 is not being enforced, that the police, that the courts,
22 the prosecutors, are exercising their very wide dis-
23 cretion. For example, the public sale of contraceptives
24 is a crime. Who is enforcing it? Attempted suicide is
25 a crime. Who is enforcing it? Homosexuality was a
26 crime. Who was enforcing it? What I am suggesting is,
27 when enforcement obviously is not being carried out,
28 as a result, as I have said, of the public attitudes to
29 enforcement, then the law, the legislators gather
30 together and they say, "Well, maybe we could convince

1 the Church and other interest groups in the public that
2 we can now change this law."

3 PROFESSOR BERTRAND: I hope you were
4 being cynical when you said, "One beauty of the law",
5 because you mentioned, I think, just in passing, that
6 is -- and this has been mentioned to us in many of the
7 hearings, how much harm it can do to the morale of the
8 prosecutors, of the judges, as well as to the law enforce-
9 ment people, to have to enforce laws which are so much
10 behind.

11 PROFESSOR GROSMAN: I think Director
12 Gilbert was very honest with you and I think you tried
13 to put him on the spot and I think it was very difficult
14 to put him on the spot that way. I mean, he is charged
15 with enforcement of a law. You can't ask him whether it
16 is good or bad. That is his job. He must enforce the law
17 and until we are prepared to say it is bad as legislators,
18 then we can't ask the policeman to make that kind
19 of a judgment.

20 MR. STEIN: Are you suggesting that
21 the police, of necessity, have to be police before they
22 can be citizens?

23 PROFESSOR GROSMAN: I think that is
24 probably what I am suggesting and I think that is
25 probably the case. I think once you put a uniform
26 on a man, once you put a badge on him, not only -- you are
27 making him a different kind of a servant of society.

28 MR. STEIN: As a person who is con-
29 cerned with the administraction of criminal justice, is
30 this the -- is this the kind of ideal, intellectually,

1 that you held out for the ---

2 PROFESSOR GROSMAN: Of course not; of
3 course not.

4 MR. STEIN: You suggested it was sort
5 of an inevitable kind of consequence.

6 PROFESSOR GROSMAN: They are more
7 concerned with the criminal type of justice than is the
8 subject you are directing your attention to. There are
9 many ways, and many ways have been suggested. For
10 example, one way is to take him out of uniform. What
11 would that do, if you just took a policeman out of
12 uniform? You call him a policeman but he no longer wears
13 a badge and uniform. Do you think that would make any
14 difference to his attitudes? But this is another subject
15 for another day and probably for another Commission.

16 THE PUBLIC: Mr. Chairman, could I
17 pose a question? You mentioned that by legalizing mari-
18 juana you would get rid of the profit motive. Do you
19 realize that you have to set an age limit as to who you
20 can sell it to? For instance, alcohol, it is twenty, or
21 twenty-one. Now, you have got to realize that most of
22 the kids who are smoking pot, they start -- I know kids
23 ten years old. Now, you get a twenty-one or twenty-two
24 year old going, and he is going to get it from the
25 government cheaply and he is going to fleece those kids.
26 So what do you set the age limit at, ten years old?

27 PROFESSOR GROSMAN: What solution do
28 you suggest?

29 THE PUBLIC: What do I suggest? First
30 of all, you should not legalize it, and what you should

1 do is get the law behind the people who can help, and
2 these people are the Y.M.C.A., called "detached workers"
3 and they deal in psychotherapy, and this thing is, that
4 the law will never be able to tell a kid smoking, that
5 he is not right. For instance, I have gone through the
6 whole thing. I almost killed myself on acid, so I can
7 present to you two attitudes. I am working for a Youth
8 Clinic in Lachine and I was talking last night for eight
9 hours to a social worker who was a detached worker. So
10 I have -- I can give you both opinions. I had been on
11 grass for two years. Now, in the first place, the law
12 is trying to control it and they are trying to do it in
13 the wrong way, they are not offering kids anything better,
14 they are telling them, "You should stop taking it", and
15 then they don't offer you anything else. The only person
16 who can offer this to them is the social worker, the
17 psychotherapist, and how he does this is, he gets to talk
18 to the kids, he gets into their situation and he finds
19 out the problem, and the problem is this, it is called
20 "reality". Most people who start drugs, there's three
21 reasons, main reasons. One reason is this: They are
22 looking for reality and they turn to drugs because it
23 is the easiest way, they feel. Another reason is that
24 they copy people, they just copy them, they don't have
25 any reasons, so the problem is, they want to find reality.
26 Now, the policeman can't give them this reality at all,
27 can't tell them anything. So this man, the detached
28 worker, works personally with this guy who is on drugs
29 and he is trying to tell them what he is after; and let
30 me tell you something about people I have met. I have

1 been out west this year -- I am not in school either and
2 I am working with a social worker right now, and every
3 drug user subconsciously knows that this isn't reality
4 he has got, and most of them know consciously that they
5 don't want to be on drugs, and the thing is that you
6 have got to convince them what is real. And the law
7 will not convince them. The law can only put down a
8 set of attitudes and not help them, it can only say,
9 "Don't take it", they don't say, "Here's what you should
10 do." And what you said, legalize it, and you said it
11 will get rid of the pusher. It won't. It will make
12 more pushers and it will make it easier for the pusher,
13 because the pusher -- you have got to realize it is not
14 organized crime, it is a personal thing. A guy comes
15 in from Morocco or Mexico with his cache of hash or grass,
16 and I've met a lot of these guys and they are only
17 interested in making money off of you. They don't give
18 a damn about you. Now, by legalizing it, the govern-
19 ment controls it, and so, this guy, like I said, twenty-
20 one years old, goes down and gets it from the government.
21 The kid fifteen years old can't go and get it, I can't
22 go buy alcohol, you can. Therefore, if I want alcohol
23 bad enough, you could push it.

24 PROFESSOR GROSMAN: How many pushers
25 do you find of alcohol? How profitable is it to push
26 alcohol to minors?

27 THE PUBLIC: I'll tell you. Before
28 the drug problem hit Lachine, the guys who are the
29 main pushers now, were pushing alcohol. They would go
30 to the Commission and buy alcohol and then re-sell it

1 to the kids because the kids want kicks and drugs are
2 kicks, and the pusher of alcohol is the same as the
3 pusher of drugs. In fact, you will find out that the
4 guy who first pushed alcohol usually does push drugs now,
5 and by legalizing it you are only making it easier for
6 the pusher. There is no way of legalizing it that you
7 can get rid of this profit motive.

8 PROFESSOR GROSMAN: Do you think that
9 by, on the one hand, legalizing merely individual use,
10 on the other hand, controlling it, at whatever age, offer-
11 ing for those young people who are taking it, this kind
12 of psychotherapy, this kind of insight into reality, and
13 at the same time making possession of it by a minor,
14 whatever we define "minor", a summary offence so he gets
15 a fine or something, or a suspended sentence, do you
16 think that is going to encourage the pushing of these
17 drugs?

18 THE PUBLIC: The thing is, the law
19 cannot go either way, they cannot relax the laws and
20 they can't keep them as they are. They have to get in
21 between the two, they have to go -- they have to relax
22 some a bit, but they should never relax them to the
23 point where they allow it. You know why? If you do
24 this, the social worker's job is ruined. For instance --
25 well, what I am trying to say is this: The social worker
26 is working personally with people. The law always deals
27 with masses, you know this, you are a professor of law,
28 law deals with the mass. It is the only way it can
29 because you have to give a law to each person in the
30 world, and there is over two billion people, and think

1 of what you have, you have no work. So laws deal with
2 masses. Now, the psychotherapist, or this detached
3 worker goes in and he meets these people personally, and
4 he is offered this reality, and they all know, like I
5 told you -- I had been a drug user -- they all know
6 subconsciously that what they are doing is not real and
7 the thing that helps them back is pride. They want to
8 feel that they are right and most drug users feel that
9 they are absolutely right.

10 PROFESSOR GROSMAN: Well, can I just
11 ask you a question? Are you just talking about the very
12 young drug user who is the drop-out student, something
13 like that, or are you applying this to the middle class
14 user, to the fellow who sits in his home and has a party?
15 Are you suggesting that we should provide social work
16 insights for all the users of marijuana?

17 THE PUBLIC: You know yourself when
18 these young people start smoking grass it's curiosity,
19 and you find they don't get hooked on it. Why? Because
20 they have common sense. I'll tell you something, when
21 a kid starts taking grass he is looking at the pusher
22 he thinks, he says, "This guy's so cool", and he looks
23 at the pusher and says that, and it has been proven,
24 I read this, I have looked into it, that marijuana
25 breaks down will power after use, not just once -- this
26 is after -- the kid is experimenting, he doesn't know
27 if ^{he} wants it or not. After a little bit of use, it
28 breaks down, his will power breaks down. I know this,
29 all my friends are like this. And the law, by legalizing
30 it, you will not be doing anything, you will in fact be

1 doing a disservice to everybody.

2 MR. STEIN: Could I ask you a question.

3 I have been a social worker for ten years and I have
4 worked as a detached worker. One of the things which I
5 find myself in disagreement with you on, is your assump-
6 tion that all of the people that may use drugs are in
7 some way sick. Now, I think that -- and again basing
8 this on my experience, it can be a very dangerous
9 principle to assume that one's own experience, and I feel
10 you have been telling us quite a bit about your own views,
11 which is fair enough, but it is very tempting to genera-
12 lize from your own personal experience, and perhaps your
13 own personal abuse which is what you have told us you
14 have done, to a generalization that may not at all be
15 applicable beyond a limited number.

16 THE PUBLIC: You said you felt that
17 from what I said, I felt all people on drugs are sick.
18 What I said was this: Every drug user subconsciously,
19 in your subconscious you do not know unless you can
20 find it -- subconsciously knows he is doing -- he is not
21 finding reality. He subconsciously knows this, and I
22 said most of them consciously know it, not all of them,
23 I said most, know that this is not reality. And what
24 they are doing is, they are screaming for help without
25 saying a word. You have to realize that; if you are a
26 social worker, you know that. He won't come to you, he
27 has pride, he won't come to you and say, "I need help".
28 Drug users won't do that.

29 MR. STEIN: Well, is the concept that
30 you have, a drug user has some kind of category that

1 does not hold up. If you are saying that old people
2 and young people are trying to find meaning, that is
3 part of what their experience of being a human being is
4 all about, I would agree with that general statement,
5 but well, perhaps the point as far as I can make it is
6 made. I think that the social work profession or any
7 of the helping professions would be very loath to take
8 a category like drug use and suggest that it in itself
9 is some form of mental or emotional illness.

10 THE PUBLIC: There is always reasons
11 for this, and the reasons are, it could be personal
12 problems, like a broken home or parents don't give a
13 damn what he does. I know this reason, I'm not saying
14 all drug users go to find reality, some of them go
15 to escape reality, to escape their parents, to escape
16 their situation. This is another reason for the drug
17 use. When I am talking about drug users I am saying
18 this: A man who is a dentist or a doctor goes into his
19 house, gets some grass somewhere and smokes it. Now,
20 he will never become -- and he will never abuse that
21 drug if he has common sense, and most people his age
22 who are dentists or have gone through school I don't
23 know how many years, eight or ten years, have enough
24 common sense not to keep taking it. A kid fifteen years
25 old doesn't have that sense.

26 DR. LEHMANN: But what you are saying
27 then is that immaturity is a very important variable,
28 and that if somebody who is mature takes alcohol or
29 marijuana, he has enough common sense in most cases to
30 know where to stop, and also to realize that what he is

1 getting, what you call reality, or experience, or
2 meaning, whatever it is, may be spurious and just simply
3 somewhat relaxing fun, while a young kid is not capable
4 of making this distinction. He knows somehow he is not
5 doing the right thing but it is the only thing he has
6 and he will be stuck with it. Then, all right, if we
7 don't call it mental illness, which I wouldn't accept
8 as a psychiatrist either, I would accept that every kid
9 who has to take this regularly or will take it regularly,
10 has some sort of a maladjusted personality, has something
11 missing in his life which makes it necessary to replace
12 or fill this gap with marijuana. Well, if this is so,
13 and what you propose, I would principally agree with,
14 social workers, youth workers, psychiatrists, enlightened
15 parents perhaps, might change this, or should change
16 this, but in the meantime, scores of kids are going to
17 jail. What are you going to do about this.

18 THE PUBLIC: But I think that is what
19 I said to the professor of law here. He felt that it
20 should be legalized and I told him why I felt it
21 shouldn't. I listened to him, he has listened to me.
22 Now, I said the law should be relaxed, but not to the
23 point of legalizing. It should be relaxed for the
24 moment. And what could take over for the immediate
25 thing are youth clinics. We have one in Montreal and
26 Lachine we are just about to get one. We have the money
27 for it and we are setting it up. These are the immediate
28 things we can do. Like these social workers are a long
29 range thing. It takes a lot of time and everybody knows
30 this, and the immediate problem, by legalizing it, will

1 destroy this long term thing. You will destroy anything
2 a social worker could do -- and the immediate problem
3 has to be solved by the youth clinics and public infor-
4 mation. For instance, the parents will find, they see
5 a kid smoking a cigarette with a pen barrel, and holding
6 a cigarette in his hand and they say, "No, that's not
7 the right way to smoke it", but they don't know why he's
8 doing it. We were sitting in the park, twenty people
9 walked by and they saw these kids smoking it like that
10 and they didn't say anything. They don't know a darn
11 thing. It's true. The general population is so ignorant
12 about drugs that you could smoke right in front of their
13 faces and they wouldn't know. So you have to have public
14 information and the people who do this are these workers
15 who are in with the kids and they know the kids' problems
16 and the psychiatrists like yourself who know the problems.
17 The things they show in schools are so poor that they
18 get the reaction they don't want. The kid sees this
19 movie in school about a kid who takes two puffs on a
20 joint and he is so stoned he can't even stand up, and
21 the guy says, "What a lot of crap that is". I mean,
22 would you believe it? And I tell you this is what you
23 get in school. I was in school, and who is showing us
24 these movies? It's the do-gooders, the good old
25 principal who doesn't know anything about it. And the
26 people who have to show it is you, the psychiatrist,
27 you have to show that this is not the truth. We don't
28 know the truth. What I said, reality is what we are
29 after and what we are being given is nothing.

30 When you tell a kid to stop taking

1 | drugs just because they are against the law you are
2 | offering him nothing. You have to offer him reality
3 | or else he will never change.

4 | THE CHAIRMAN: Thank you very much.

5 | THE PUBLIC: Well, I might agree with
6 | Professor Grosman's comments in general. I want to
7 | disagree with him, in general -- because he is talking
8 | about marijuana, I would like to disagree with him in
9 | a specific case.

10 | Laws not only come about by the
11 | (inaudible) of (inaudible) our society that
12 | if fed by its members and preceded by its members. Laws
13 | come about through special interest groups, and marijuana
14 | laws, I would submit, are such laws, and the evidence
15 | that I site is a chapter from a book by Howard S. Becker,
16 | called "The Outsiders" in which he talks about how we
17 | got the Marijuana Tax Act in the United States, and what
18 | he says is that the law in this case was clearly not
19 | fifty years behind, it was in the vanguard, it was so
20 | much in the vanguard that it hadn't created the public
21 | sentiment against marijuana in order to get its law.
22 | For instance: We look at the articles on marijuana
23 | indexed in Reader's Digest periodical literature, for
24 | a period of ten years, before 1935, that is, The Mari-
25 | juana Tax Act -- well, this is a two year period before,
26 | we find four articles on the -- prior to July, 1935.
27 | Between July 1935 and July 1937 there were seventeen
28 | articles about marijuana, about the dangers of marijuana.
29 | Ten of these articles acknowledge The Bureau of Narcotics
30 | as their source. This is, I think, a lucid example

1 of a federal bureau claiming unique expertise in a
2 certain area, acting to create public opinion where there
3 was none in order to have passed legislation that expands
4 their areas and points. And I would like to speak at
5 further length about this problem of creating experts,
6 self-serving experts, when I speak this afternoon, but
7 I could not pass up the opportunity to qualify Professor
8 Grosman's comments about the law with special reference
9 to marijuana which he has talked about at length, and I
10 feel this is one of these lucid examples of exceptions
11 to this principle.

12 THE CHAIRMAN: Thank you. I think I
13 should call now upon the Canadian Medical Association.
14 Thank you very much, Professor Grosman.

15 The Canadian Medical Association will
16 be represented by Dr. L. P. Solursh, a specialist on
17 drug misuse; accompanied by Dr. Matthews of Peterborough,
18 President of the Association, Dr. J. R. Unwin, Dr. C. J.
19 Varvis, Dr. N. J. Belliveau and Mr. D. A. Geekie.

20 While these gentlemen are getting
21 ready, I should announce, perhaps, that we will adjourn
22 about 12:30 and go to McGill University where we will
23 have a hearing in the Students' Union Building between
24 1:00 and 2:00. We will reconvene in the afternoon here
25 at 2:30 -- excuse me, we will adjourn this morning at
26 12:30 to go to the McGill University in the Students'
27 Union Building between 1:00 and 2:00 and we will re-
28 convene at 2:30 here when, among others, we will hear
29 a submission from OPTAT to which reference was made this
30

1 morning by the Director of the Police. There are other
2 scientists and sociologists here this afternoon.

3 Dr. Solursh -- excuse me, Dr. Matthews?

4 DR. MATTHEWS: Thank you. Mr. Chairman
5 and members of the Commission.

6 On behalf of the Canadian Medical
7 Association we are pleased to present to you an interim
8 brief on the non-medical use of drugs. We have listed
9 on the back of our brief the members of the Special
10 Committee set up to inquire into drug abuse. I would
11 like to introduce several of them who are here this
12 morning to act as a panel for your assistance.

13 Dr. Solursh, the Chairman of the Committee, the Assist-
14 ant Professor of the Department of Psychiatry at the
15 University of Toronto. Dr. Unwin, on my right, is the
16 Assistant Professor of the Department of Psychiatry at
17 McGill University, is a Director of the Adolescent
18 Service, the Allan Memorial Institute, he is a consultant
19 on drug misuse in Greater Montreal and the Youth Clinic
20 of Montreal. Dr. Varvis, is a specialist in internal
21 medicine from Edmonton and has a particular interest in
22 this field.

23 THE CHAIRMAN: Excuse me, Doctor, can
24 everyone hear? You have to speak, apparently, quite
25 close.

26 DR. MATTHEWS: I'm sorry.

27 THE CHAIRMAN: No, I have had the
28 same problem; apparently you have to speak quite close
29 to these microphones.

30 DR. MATTHEWS: Mr. Geekie is the

1 Secretary to the Committee and the Secretary of the
2 C.M.A. with special responsibilities in communication
3 and information. I would also, if I may, like to draw
4 your attention to the depth of the whole Committee by
5 referring to the members who are not present. The
6 Committee was fortunate enough to have the services of
7 Dr. Burditt who is a Family Practitioner, Dr. Halliday
8 who is a psychiatrist in Vancouver, and Dr. Segal, who
9 is a pharmacologist and an Associate Professor of
10 Pharmacology in Dalhousie University. We also have
11 present Dr. Norman Belliveau, who is the Past President
12 of the Canadian Medical Association. He is here, as I
13 am, to represent our Association and together with the
14 size of this delegation we feel it emphasizes the
15 importance we attach to your Inquiry and to our brief.
16 The Committee regretted that in the time at their dis-
17 posal, that they were to fulfill the wish of the Commission
18 for an early report; they were not able to develop some
19 areas as fully as they would have liked. However, as
20 they proposed to make this a continuing study they
21 hoped that before the Commission completes its assign-
22 ment they will have occasion to appear again to offer
23 some assessment on the result of the research studies
24 that are now in progress throughout the western world.

25 This brief is in two parts. Our brief
26 proper and our review and position paper/^{was}prepared largely
27 through the efforts of Dr. J. R. Unwin. We would
28 venture that the Commission will not find anywhere as
29 comprehensive a survey of the basic problem as that set
30 out in this background material. With your permission,

1 Mr. Chairman, I will not read the brief, but request
2 that various members of the delegation speak to you,
3 extract different sections of it if that is permissible,
4 sir.

5 First, on behalf of our Association
6 I would like to present Dr. Belliveau.

7 DR. BELLIVEAU: Mr. Chairman.

8 Doctors in Canada have invited us to
9 participate to the audiences of the Commission of
10 Inquiry. We will have preliminary remarks, as my
11 colleague was saying, and the time allotted to us for
12 that study which is a very complex problem, in fact, was
13 not very long, and we will need to work on it for a few
14 more hours. But, nevertheless, we have succeeded, I
15 believe, in finding a team of experienced and competent
16 men, and during the few weeks we have had to prepare
17 this brief, and we have found some persons who have
18 extraordinary experience in that field and have worked
19 in that field for a long time. Our remarks will be
20 limited to the medical aspects of the problem and we
21 hope that you will invite us again so as to enable us
22 to give you more information. We will be very happy
23 to do so. We will go on with our study. We are now
24 doing it. This Committee will go on with its work and
25 will try to give you more information quite soon. Since
26 we don't have much time, I just want to thank you for
27 inviting us and we will be as brief as possible.

28 THE CHAIRMAN: Thank you, Doctor.

29 DR. MATTHEWS: Dr. Solursh is --
30 we would ask him to introduce the brief.

1 DR. SOLURSH: To follow my 20,500
2 colleagues, we represent 20,500 members of physicians
3 in the Association and I hope my points make clear
4 specific areas in which we have been able to reach
5 agreement. In other areas, we draw attention to the
6 Commission the subject matter, and we hope in the future
7 to be more highly specific as to regulations and more
8 up to date as further information becomes more available.
9 We have access to a good deal of material in preparing
10 this brief, although the Association proper has not been
11 formally engaged in primary research. We would like to
12 make clear, just for emphasis, I suppose, that we see
13 the use of softdrugs, hallucinogenic drugs, within the
14 broader perspective and we do not have time to go into
15 that all today, of course, but the main chemicals in
16 misuse, the non-medical use, certainly remain alcohol
17 and tobacco particularly in the forms of cigarettes.
18 There are many other substances and there are substances
19 available over the counter which we hope to discuss
20 further in the brief. We have been aware of, as has
21 the Commission in its very formation, shifting patterns
22 in recent years to include differing ages, different
23 socio-economic groups, differing geographic areas, and
24 so, we too, put an emphasis on hallucinogenic drugs as
25 such. We must point out that being aware of this, we
26 also know of the emphasis on cannabis that has been
27 plaguing the public or interesting the public. We
28 cannot feel comfortable with the extreme statements
29 that have been made, ranging at the one end from the
30 concept that marijuana has absolutely no danger whatso-

1 ever, to those statements at the other end, that mari-
2 juana is an extremely dangerous substance and invariably
3 leading to hard narcotic addiction. We feel that there
4 is a lack of long term information and that we would
5 like to promote the gathering of more information of
6 this kind and we trust the government to initiate and
7 support moves in this direction and we will try to find
8 some of those for you.

9 We would emphasize throughout, I hope,
10 that we want to draw attention to the user rather than
11 to the drug. That does not mean we have no interest
12 in drug properties, but we are talking about patterns of
13 use such that the individual who is using drugs is the
14 object to which our attention could better be directed
15 than to drugs per se. Again, we hope to remain in con-
16 sultation with the Commission throughout the life of
17 the Commission, and I hope we can now present some of
18 our stands, ideas, opinions, to you.

19 DR. MATTHEWS: Dr. Varvis?

20 DR. VARVIS: Members of the Commission,
21 those who have been involved in investigating and trying
22 to understand the non-medical use of drugs very quickly
23 become aware of the fact that so many people in different
24 areas have this same interest, that when they start
25 looking into this, they all end up describing a different
26 phenomenon. Today you heard the police speaking to you.
27 You also had the privilege of hearing a number of our
28 youth speaking to you, and I would suggest to you
29 further that if you heard a pharmacist, practicing
30 physician, psychiatrist, school teacher, all of them

1 speak to you on this problem, I venture to say they
2 would all have a completely different bias on their
3 approach. And what has become glaringly evident to
4 us, that if this problem of non-medical use of drugs
5 is to be handled with any logic, no one discipline can
6 do this. It is a multi-discipline approach. Therefore,
7 it has become increasingly obvious to us that to attain
8 this type of approach one should encourage a committee
9 or a team or a body, call it what you will, that will
10 have within it members from those various disciplines
11 who can bring to this group this picture as seen from
12 their particular bias. I would suggest to you that one
13 of the immediate effects of such an approach is to ed-
14 ucate all the members in this team. Nothing is more
15 satisfying than the appreciation that the police do
16 have a very real concern for you. However, one does
17 appreciate that their ethics prevents them from crit-
18 icizing the law. One recognizes that they are there
19 to effect the laws society has proclaimed, and in a sense
20 are handicapped by this, if you will. Even in private
21 their feelings are often subdued by their sense of
22 ethics. At the other pole, one can see school teachers
23 and school counsellors who very often come in contact
24 with children who have used drugs in this manner and
25 may be the only ones who are aware of this. It has
26 been a source of some embarrassment that the medical
27 profession as a group often is one of the very least--
28 last of these various disciplines to hear or understand
29 about drugs being misused.

30 And in this team, this process of

1 education is usually affected quite well.

2 We have suggested to you, sir, on
3 page 5 and on page 6 our concept of some of the roles
4 that this team would have. We would like to point out
5 to you that if this team or if this body is to be
6 effective, it must have contact with the young.
7 The youth must have access to the team if this body
8 is going to effect any role in this area; there must
9 be this feed-back. There is one other important feature
10 of this body which we would like to bring to your at-
11 tention, that whoever goes into it, be he a represen-
12 tative of the Medical Association, Pharmacy Association,
13 the Bar Association or the police, that whoever this
14 person is, he has been granted efficient authority so
15 that when a position has been formulated after due
16 consideration he is able to go back to his parent
17 body and exert some pressure toward them.

18 THE CHAIRMAN: Doctor, I wonder if
19 you could give us a little more precise idea of what
20 you contemplate by this team or teams on page 5? Is
21 this a non-governmental organization of some kind?
22 How would it be constituted, how -- could you give us
23 a little more ---

24 DR. VARVIS: There are many ways
25 it could be done. One is that they could be sanctioned
26 by the government, have access to government funds
27 but is not a government body. It is one that has
28 on it representatives from the Medical Association,
29 Pharmacy Association, R.C.M.P., the Departments of
30 Youth, Education, Health and the school boards.

1 These people meet in order to bring together the
2 problem of drug misuse as seen from their particular
3 viewpoints. The Ministers -- or the persons within
4 the Ministries of Health and Education are in a pos-
5 ition really to be able to correlate what available
6 information they have and make it available to those,
7 say, in pharmacy or in medicine or in the school board
8 in order to facilitate any education programmes that
9 may come forth from such a body. I don't know if that
10 answers your question, sir.

11 THE CHAIRMAN: I am getting the
12 impression of a non-governmental, independent type
13 of organization, possibly a foundation type of thing;
14 is that right? Am I getting the right impression there?
15 I notice you mention regional bodies. Is that another
16 name mentioned for these teams?

17 DR. VARVIS: Yes, it is. The reason
18 it was mentioned is that such a body may be effective
19 in the City of Montreal and its relevance would have
20 none, none whatsoever in city like Quebec. Quite the
21 contrary if Quebec felt that this approach were neces-
22 sary within its confines; they would resent greatly
23 suggestions made by a body situated in Montreal.
24 Initially these bodies might very well be subsidized
25 by the government, a government member on this body
26 would be mandatory in order to give it some degree
27 of legality and bring it in contact with that part
28 of society which controls the laws. One can see that
29 after having initiated a body at this level, at almost
30 a provincial level, that similar bodies may be formed

1 at relatively more distant junior levels where they can
2 apply themselves to particular geographical areas.

3 THE CHAIRMAN: How are we to co-
4 ordinate the information, the development of reliable
5 information and be sure of its dissemination in a
6 timely manner? How are we to maximize the use of
7 our resources with respect to location and efforts,
8 diffusion of energies.

9 DR. VARVIS: It is the considered
10 experience of those involved here that one of the
11 things this body does is to do something on this.
12 In my opinion the request for speakers on this
13 subject has been channelled through this course,
14 through this body, through portions of this body
15 so that one does not have the police on the one hand
16 answering two hundred and some odd requests in the
17 course of a year, pharmacists do not have requests
18 somewhere in the total of fifty a year and the Medical
19 Association does not. This is all brought together.

20 As a matter of fact, one of the
21 most -- very effective things they can do is bring
22 in these interested speakers together and have them
23 here and exchange their views.

24 THE CHAIRMAN: Might there be a
25 federation of such regional bodies across Canada?

26 DR. VARVIS: Yes. As a matter of
27 fact we have suggested that on page 6, paragraph 3, that
28 this might well be the role of such a body at a Federal
29 level, primarily one of centralizing this information
30 and making it available at the periphery where it would

1 appear to be required. I would go one step further
2 and suggest that it is not enough to create a committee
3 but one of the principal roles of the committee would
4 be to enhance what we have called "field workers".
5 that
6 We have been impressed/within the community of youth
7 there is without doubt a large group with whom the
8 non-medical use of drugs -- there is no problem what-
9 soever and the conventional methods of education cer-
10 tainly appear adequate but we become impressed that
11 there is a significant number within this group who
12 do not respond to these conventional methods of edu-
13 cation and I think, sir, you had some experience with
14 that in our previous speaker. We become aware that
15 a new, perhaps experimental approach, to education
16 in this era is necessary and we have dealt with
17 this on page 6 and 7 in the brief.

17 DR. MATTHEWS: Dr. Unwin?

18 DR. UNWIN: Members of the Commission,
19 if I can come down to another level and talk, we are
20 concerned about the need particularly for coordination
21 of any actions and any facilities put up with even
22 experimentally to deal with this problem, we have as
23 individuals often been distressed at the amount of
24 ~~not only in coordination~~ but actual competition between
25 various groups in certain cities which evolves into
26 a power play whereby the people we are concerned
27 about, particularly the young, with their various
28 problems and not just drugs, are forgotten in this
29 sort of power play. Some of us have also been deeply
30 involved in various communities and the way it came

1 about is interesting and underlines what Dr. Varvis
2 has said about the necessity to get youths involved
3 ab initio (from the beginning).

4 We have found the only apparent effective
5 way of approaching the matter of drug misuse among
6 the young people and the basic problems of which this is
7 symptomatic is to zone down at a community level. I
8 have had the experience in Montreal in several communi-
9 ties where the first people to contact me for various
10 reasons, not because I am a psychiatrist, not because
11 I am a doctor, but perhaps I am known to be concerned
12 -- that people who contact me are young people saying
13 "Look, Doctor, we have a problem in this community.
14 We can't get anything going. Will you come out and
15 talk to us?" We had a young man representing such a
16 group this morning. If one responds to this the next
17 thing is "Will you tell our parents?" We do this.
18 Once we get the parents and the young people together
19 we find that in fact drug misuse per se quickly is put
20 aside and you begin to get down to what is going on
21 in this community that makes people alienated, that
22 makes them feel helpless, that makes parents terri-
23 fied as to what is happening with youth in the commu-
24 nity and that alienates the police and so on.

25 The next step is that the young
26 people and a few concerned adults then get working
27 in the community so that some sort of community or-
28 ganization is set up involving the essential areas
29 of law enforcement, education, politics and so on.
30 At this stage we find it appropriate for people like

1 myself to pull out with the resource people up to then and
2 then the community begins to draw on its own resources.
3 One reflection one gets immediately of this type of
4 approach is that once this begins immediately the tone,
5 immediately the feeling of confidence to deal in the
6 community with some of the things that are bothering
7 all of society picks up. People begin to feel better
8 about things. We are suggesting that while a central-organ-
9 ization is necessary for authority support because with
10 it these types of community actions are often sabotaged
11 by various groups -- sometimes by what young (Glen)
12 called "do-gooders", sometimes by enforcement agencies.
13 If a central body
14 organized a community action like this and educational
15 material, knowledgeable material, then we feel the
16 initiative and particularly the authority and direction
17 must come from the community itself. It must not be
18 ruled from up high. This is a scheme that we have been
19 thinking about that we suggest is well worth studying.
20 In fact we suggest that just such type of scheme should
21 be set up in several trial areas of Canada and compared
22 with other areas which we might call "control areas"
23 over a period of one or two years and just see at the
24 end of that time what has happened. Not just in terms
25 of drug use but in general morale -- in terms of
26 parents, how their kids are getting on, in terms of
27 how the young people feel about being in that community
28 and exposed to the various authority figures, the
29 permissive figures within it. We realize that this
30 would be rather difficult to evaluate because it is not

1 going to be done according to more traditional sociolo-
2 gical studies. This is a problem that will have to be
3 worked out. We hope to report back on this but this is
4 the type of approach that we are suggesting and we would
5 stress the involvement of youth from the beginning on
6 this.

7 THE CHAIRMAN: Dr. Lehmann?

8 DR. LEHMANN: Doctor Unwin, would this
9 be along the line of a regional health centre only in
10 this particular case, focused on the young, but, you
11 know, this concept of regional mental health centres,
12 which is not only to deal with mental illness, but also
13 with primary prevention and rehabilitation of people who
14 are in danger of that risk, and so on? Now, would you
15 then propose to have special regional mental health
16 centres focused on the critical problems of the adjust-
17 ment of the young?

18 DR. UNWIN: No, not so simply. We
19 don't feel this, Dr. Lehmann, because we feel that, for
20 one thing, this is really just a matter of mental health
21 in the normal sense of "head shrinking". We feel that
22 a centre would be a part of the facilities available to
23 this community body which is working on the general
24 problems of the society within their community. We
25 would stress again that we see misuse of drugs, parti-
26 cularly among youth, as symptomatic of something of
27 the anxieties, of the confusions, of the dilemmas within
28 contemporary society, and to use a purely medical or
29 psychiatric approach would imply really that if we had
30 enough psychiatrists and so on, everything would be all

1 right. I stress this, we need a multi-discipline approach
2 of which the mental centre would be a bidding facility
3 on which this would turn.

4 DR. LEHMANN: But outside, the medical
5 model?

6 DR. UNWIN: Yes, very much so. This
7 is the thing we are trying to get away from.

8 DR. LEHMANN: It is an existential
9 model?

10 DR. UNWIN: Very much so.

11 THE CHAIRMAN: Apart from this, what
12 do you think is required to promote this kind of service
13 and facility to be established? What initiative, if
14 any?

15 DR. UNWIN: The simple statement that
16 this sort of thing is not only desired but would be
17 supported officially, the provision of funds, particularly
18 to train what Glen talked about as the "detached street
19 worker". We have an experiment going on now in Montreal,
20 in fact it is now beyond the experiment stage of the
21 detached Y.M.C.A. workers who get out into the community,
22 make initial contact with the young people, and say
23 "Look, we've got problems", often not about drugs, maybe
24 the Police are after them, or the kids think they are,
25 maybe their parents won't listen to them. This street
26 worker, who is a young person, then will talk to the
27 kids and try to identify what they want done there, --
28 "Can you get somebody here who knows something about
29 this scene?" That youth worker will then contact
30 somebody who will come in and from there the youth

1 worker will get the parents together, they will get the
2 whole community rolling, and I think the government
3 should support the on-the-street training of the youth
4 workers. So the main thing is general moral support
5 in the sense that this is desirable and we do approve of
6 it. Secondly, providing funds and information to get
7 these things going so that the type of harrassment and
8 sabotaging that has tended to happen up to the present
9 will be prevented because it becomes then official policy.

10 THE CHAIRMAN: Thank you, Dr. Unwin.

11 DR. VARVIS: Mr. Commissioner, if I
12 might add further to this, one should be cognizant of
13 the fact that this type of model which Dr. Unwin has
14 referred to, while being supported by the government, is
15 not the type of model any government traditionally would
16 care to support, and I think we should take cognizance
17 of the fact that this does not lend itself to the likes
18 of the average politician. There are no obvious
19 immediate benefits from such a model. There is no ready
20 way by which one can assess its effectiveness. Very
21 often one has to deal with impressions and they may be
22 invalid or wrong initially. We do suggest, however, and
23 would like to point out that the prevailing methods of
24 handling problems of this type have failed within this
25 group and that the time has come for innovation and
26 experimenting in a way that will challenge the governments
27 in this country.

28 DR. MATTHEWS: Mr. Chairman, if I
29 could touch on one area which is a little different from
30 this one, where the profession has some responsibility,

1 the increasingly wide use of these drugs and the
2 increasing realization of their potential danger has made
3 it imperative that greater care must be used by our
4 profession in prescribing them and by the pharmacists in
5 dispensing them. For our part, the Canadian Medical
6 Association is initiating a national professional review
7 of the current use of stimulants and sedatives in medicine.
8 The correction of such problems as our profession, or
9 maybe* profession initiated, is in our opinion, largely
10 the responsibility of the profession concerned. Dr. Unwin?

11 DR. UNWIN: Mr. Chairman, we would like
12 to move on now to some consideration of existing legis-
13 lation related to all drugs, not just to marijuana or
14 the drugs misused by young people in large numbers, but
15 the whole approach that society has used towards the
16 drug misuser, which has basically been one of defining
17 legislation in terms of a particular drug and its alleged
18 or proven effects rather than in terms of the user, his
19 environment and his motivation for use. We feel there
20 is an immediate need for a complete review of the philo-
21 sophy and the practicalities underlying current drug
22 legislation in all areas.

23 THE CHAIRMAN: Excuse me, Doctor,
24 before we proceed, I wonder if I might invite someone
25 who might want to ask a question which may be pertinent?

26 THE PUBLIC: I would just like to
27 make a comment on one of your statements about the
28 politician. I work at night and I am in a union, I
29 have a trade, and I spent most of last night trying to
30 get all the working people, or what you might want to

1 call "Nixon's Silent Majority" down here to find out
2 what some other people are worrying about, and these are
3 the people who live in the suburbs as I do, and you know,
4 drive cars, nice salaries, and this sort of thing, and
5 nobody came. I am the only one who is here. One out of
6 over 300. I think for you to get a politician to do
7 what you want to do, I can't see it because the people
8 aren't part of -- aren't going to pay for it. They want
9 instant action, that's why they came down today, or I
10 came down today. They didn't because they don't think
11 there is any potential in this Commission. If there be
12 any Commission, with them, most of the -- it was a
13 failure. This is the only comment I have. I just want
14 to say I don't see how anything you are putting forth --
15 like, I agree with a lot of it myself, but you try and
16 sell it outside. I don't think you can.

17 MEMBER OF THE CANADIAN MEDICAL ASSOCI-
18 ATION: Mr. President, I'm fully in sympathy and I
19 realize what the young man is talking about. Once again
20 we are talking with industrialized society at large.
21 People are seeking immediate social change before various
22 types of catastrophies hit us, and the impatience, with
23 youth, for a change, is, I think, amply understandable.
24 They see themselves as driving a car, by looking through
25 the windshield and it is a bit muddy, they see the
26 Establishment in authority just like driving a car in
27 the rear-view mirror, looking at where they've been
28 rather than where they are going. I would urge you --
29 from our personal experience -- not to be too dis-
30 couraged, once again, talking about a specific community

1 which is again represented here this morning, the first
2 time I was called to talk to the young people, and we
3 quickly got away from the drug issue to the things that
4 worrying us in the community, then we got at trying to
5 get the parents and the kids said they would do this
6 with the help of concerned adults. Myself, and the
7 Director of a Youth Clinic in Montreal, David Wiley,
8 turned up and there were lots of kids and very few
9 parents and we thought, "Here we go again, the parents
10 won't get involved". We went away feeling quite depressed
11 and quite dispirited, but about two months later the
12 same kids called us and said, "Doctor, we've got it
13 moving, we've finally got the parents to see that we
14 need help, that we are concerned, that we wanted help".
15 So we went back again, and then everybody was there and
16 then things got moving and its gotten to the stage where
17 the council has been given finances; which is a total
18 clinic, not just a psychiatric clinic. You have to
19 educate people, you have to talk, you have to repeat
20 yourself, you have to plead. This is the only way you
21 will get it done but it does work at the community level
22 if you keep at it and if you are willing to put up with
23 a certain amount of resistance, and sometimes, a certain
24 amount of harassment.

25 THE CHAIRMAN: Excuse me. Yes, would
26 you like to come to the microphone, please?

27 THE PUBLIC: I am a concerned parent
28 and mother, and I feel that as a group we haven't been
29 allowed to do very much. Now, the attitude seems to be
30 that we are apathetic, we are not interested, or we are

1 terrified. I feel, however, there is a potential --
2 there is a great deal of energy and potential and in-
3 terest in this group, and there is kind of a
4 negative approach to us, for instance, in the school
5 level, in the Home and School level, and the attitude
6 of the principal, the administration, school boards and
7 so on. I have the feeling that they don't really want
8 us to get too involved in things. For instance, I spoke
9 to someone who was on a drug committee, a normal high
10 school-- but it was quite active, and I asked whether
11 they knew anything about the Commission and they said,
12 "No, we don't know about it. We have got some films
13 and we are going to put them forward, and you take it
14 easy". I know these people, they are very concerned,
15 but they are very easily frustrated and very easily put
16 down, and I don't feel that the parents are not interested,
17 I feel that they have been frustrated by school adminis-
18 trations, even by other people who have -- by medical
19 people, by legal people, by the whole -- shall I say,
20 "Establishment". I think parents, mothers especially,
21 should have been somehow or other given some opportunities
22 to express their concerns.

23 THE CHAIRMAN: Thank you. Dr. Unwin?
24 Would you like to proceed, Doctor? Excuse me.

25 MR. CAMPBELL: I would like to just
26 raise one thing out of this Section 3 of your recom-
27 mendations where you speak of the need for re-thinking
28 of drug categorization. In our Toronto hearings, the
29 position was put to us that the development of drug
30 technology may well have made the traditional forms of

1 legal control of drugs obsolete by their very nature.
2 This is a fact that you referred to yourself, I think
3 on page 26 of your working paper where you speak of a
4 new drug emerging every month.

5 DR. UNWIN: Yes.

6 MR. CAMPBELL: The thing was put to
7 us that a number of drugs can be manufactured by any
8 bright fifteen year old who does reasonably well in high
9 school chemistry, and not only can standard drugs be
10 manufactured, but many people are capable of innovation.
11 It has also been put to us that the underground drug
12 factories have displayed a level of technical skill both
13 in innovation and in large scale manufacture that is not
14 found in the legitimate manufacturer. And you can take
15 an amphetamine molecule, twist its tail just slightly,
16 and you have got a new drug, and it becomes extra-
17 ordinarily difficult to build a body of law that will
18 control, short of calling a parliament session each
19 evening to deal with the morning's crop of innovations.
20 Now, I raise this in a semi-facetious way, but I think
21 it is a desperately serious problem, and I wonder if
22 the profession has given any thought to perhaps even
23 radically new approaches to the control of drug use
24 and point to the need. Will you share the concern that
25 was expressed in this Toronto statement? Is there
26 validity in it, and do you see solutions?

27 DR. UNWIN: Dean Campbell, I think
28 the Association does certainly -- certainly is aware
29 of this phenomenon of what I have spoken of, up in
30 Ottawa, as the "paper chase" approach, that if we rely

1 solely on legislation for drug abuse, as quickly as we
2 pass a law to cover one subject the young people will be
3 about three miles ahead of us with another five drugs,
4 and they pick up another drug, and off they go again,
5 and we are just following the paper -- picking up things
6 that they decide to let us know what they are using. We
7 have certainly been giving a lot of thought to a new
8 approach, a radically new approach, but we are not --
9 because of the short time we have had as a committee to
10 prepare this brief, we are not prepared at this stage
11 to specify what we think this approach may be. We are
12 very aware that in some ways we are limited because of
13 our traditional role, we are aware that we would need
14 consultation with legislators, lawyers, and so on, as
15 part of a team, and once again we stress this is a team
16 problem, it is not a medical problem, it is not a legal
17 problem. I would think, perhaps, in the future when we
18 come back to the Commission that we may have clarified
19 some of our own ideas in this area. What we wish to
20 stress at present is particularly that the current
21 legislation and application of the law, not only to do
22 with marijuana, but to do with all drugs, results very
23 often in effects on the user, which are far more
24 deleterious than the use of any drug per se. We feel
25 that the whole process of law enforcement and the follow-
26 up is particularly difficult and highlights this con-
27 cern of ours in the case of the young marijuana user,
28 that the harmful effects of police apprehension, of
29 conviction, and of -- the consequences of a criminal
30 record on the young person's future, the consequences

1 of being sent to a penal institution, are something that
2 we should be gravely concerned about, and this is one of
3 the main reasons we think young people have helped us
4 here to make us point out that the way we really treat all
5 drug misusers is just rather strange and needs re-thinking

6 MR. STEIN: Dr. Unwin, on this point,
7 and I notice on your brief, you make a recommendation
8 that it would be more appropriate to handle this under
9 the scheduled -- Schedule J, of the Food and Drug Act.
10 This suggestion has been made to us by a number of people
11 and organizations, but most of the time they are not
12 aware of the fact that police apprehension, conviction
13 and a criminal record are still a part of this procedure.

14 DR. UNWIN: Yes.

15 MR. STEIN: Are you aware?

16 DR. UNWIN: We certainly are. I would
17 stress again, Mr. Commissioner, that we are not suggesting
18 that marijuana be put in Schedule J. We are just suggest-
19 ing that as an example of the illogicality of some of the
20 laws. We have a drug called "cannabis", which is not a
21 narcotic, has no recognized therapeutic value at present,
22 and is subject to misuse. This by definition does not
23 belong in The Narcotics Control Act, it belongs in
24 Schedule J. This is just -- a matter of just straight il-
25 logicality. This is totally dependent on an immediate,
26 urgent, whole, examination of the whole drug law; we don't
27 feel we should just worry about the marijuana user, we
28 should worry about the heroin user, the amphetamine user.

29 MR. STEIN: Fair enough. I was just
30 going to say that one person said in Vancouver to me on

1 this subject, that changing this to Food and Drug
2 Act might be, in the long term, a dangerous thing to do
3 because it would give the appearance of having dealt with
4 the matters of conviction and criminal record when in
5 fact it doesn't deal with this, and perhaps, I ---

6 DR. UNWIN: We are in agreement with
7 this.

8 MR. STEIN: You are nodding your heads.
9 I am wondering if this is in fact ---

10 DR. UNWIN: We are in agreement that
11 this is, in fact, what the young people call "tokenism".
12 We play around with words and say, "This is not a
13 narcotic anymore". But they still get a criminal
14 record. We point out that Schedule "J" of the Food and
15 Drug Act --- that marijuana would more appropriately
16 belong under that Schedule as a temporary measure and
17 this was pending a complete reexamination of drug
18 legislation. We are suggesting at the same time that
19 even if people did move it totally into The Food and
20 Drug Act that this would not, in our mind, be anything
21 like a final solution, that that might be done, perhaps,
22 while a thorough reassessment of the whole philosophy
23 behind the handling of the drug misuser rather than the
24 alleged dangerous drug itself. I wish to stress this
25 point that it is certainly not a final position on our
26 part, it is just seen as one example of an approach
27 which might be used.

28 THE CHAIRMAN: Dr. Matthews?

29 DR. MATTHEWS: Dr. Solursh?

30

1 DR. SOLURSH: If I may make just one
2 comment to that. Clearly, we are not suggesting that a
3 simple move, and with this one drug, resolves anything.
4 We are concerned about the over-all picture. But this
5 instance is so typical of the illogicality of law that
6 I would like to -- of our situation -- of classifying
7 the drugs, that I would like to stress it with one point.
8 In December of 1967, and I refer you to the Senate Sub-
9 committee on Banking and Commerce and Bill S21 which
10 formed Schedule J subsequently. Dr. Crawford, who was
11 the -- who was the Deputy Minister of National Health,
12 defined why Schedule J was being designed, and his
13 definition was classic of marijuana use, marijuana as
14 a drug, a substance, as well as LSD, and it was pointed
15 out -- it was formally recommended at that time by
16 myself that marijuana belonged in that schedule by his
17 definition. That's two years later. Nobody has said a
18 word.

19 THE CHAIRMAN: Dr. Matthews?

20 DR. MATTHEWS: Mr. Chairman, on the
21 top of page 11, we mention the hazards of certain house-
22 hold and commercial products. My Association would like
23 to commend the Federal Government's Department of
24 Consumer Affairs for its interest and action to date
25 regarding the control of certain hazardous substances
26 of household and commercial use. We would suggest that
27 the Commission promote special attention by the Depart-
28 ment, or further special attention to those hazardous
29 products, some of which we have mentioned, solvents,
30 freon gas, insecticides, etc. These have been listed

1 and elaborated on in the position paper accompanying
2 the brief. Dr. Varvis?

3 DR. VARVIS: Yes, Mr. Commissioner,
4 paragraph 5 of page 11, we wish to bring to your attention
5 that there are bodies within our society that have
6 attempted to educate themselves with respect to non-
7 medical drug use. The College of Family Physicians,
8 the Colleges of Pharmacy at the various provincial levels,
9 have through annual or bi-annual meetings, and often
10 through monthly meetings, tried to bring the subjects to
11 the members' attention. We would point out, however,
12 that education entails many things besides speakers,
13 audio-visual aids are very often important, and it is in
14 this capacity that we would refer back to our first
15 paragraph where we think that the Federal Government has
16 a role to play. The preparation of such audio-visual
17 aids so that they would be relevant to the area in which
18 they would be used, are very helpful. I think you heard
19 this morning that being exposed to a film on marijuana
20 use did nothing more than turn off the viewer. And we
21 feel that to do this governments will have to be en-
22 couraged to provide some sort of funds for this prepa-
23 ration.

24 THE CHAIRMAN: This is education of
25 the members of these professional bodies?

26 DR. VARVIS: Yes.

27 MR. GEEKIE: If I might speak to the
28 second part of this recommendation on page 11 which
29 deals with that aspect of public education regarding
30 this problem, and I speak on behalf of the Association

1 as a health educator. For those who are not quite
2 conversant on what a health educator -- it is loosely
3 defined as an individual hired to translate the language
4 used by physicians medically, into English or French.
5 Although I am not a Doctor -- one might call me a
6 "half-assed" health educator. The Association points out
7 on previous meetings and this morning, that there is
8 urgent need in public education with respect to these
9 particular problems because there are many of them. I
10 think it was stressed this morning that these must be
11 honest, intelligent educational programs that are
12 effected. We suggest to you that these can be very
13 effective if they are done on this level. To cite a
14 specific example within the subject, within the last
15 year the mass media in particular played continual and
16 very strong emphasis on the hazards of chromosome breaks
17 from the utilization of LSD, and I think that the
18 members of your Commission here this morning can testify
19 as to the marked drop in the utilization of LSD following
20 those announcements, although there had been a recurrence.
21 We would also point out that there have been other
22 examples of how this can work if it is effectively done.
23 Getting close to home, within the last five years, there
24 has been a drop of almost 50% of cigarette smoking,
25 among the medical profession itself it has dropped from
26 60% to below 35%. This again is one of those areas
27 that is going to have to be approached on several levels
28 and is, in my opinion, an area where the mass media
29 have a very special responsibility to conduct itself in
30 a proper manner. It's going to come in several forms.

1 Certainly the need for specific information is needed.
2 But there is also a very strong need for a change in
3 public attitude relative to drugs in general. We have
4 developed a very drug-formed community. We are, through
5 advertising in a variety of forms -- almost present every
6 case -- that we have a pill for almost every problem or
7 for every pain. This is added to the problem. We had a
8 mother speaking a little earlier. Here again we have,
9 by example, looked upon by the young people, more education
10 towards this general attitude. Is it all right for a
11 mother to utilize an oral contraceptive which is for not
12 necessarily direct medical purposes, but not for them
13 to use a different drug for pleasure or for their own
14 convenience. This is a very important field and one
15 which I feel the government agencies and this Commission
16 can help very strongly towards a plea on behalf of those
17 individuals who are attempting to conduct this type of
18 a program, that they not be harassed, because we have
19 had very definite examples of professional people par-
20 ticipating in public education and being subjected to
21 a considerable amount of criticism and abuse for so
22 doing.

23 THE CHAIRMAN: Excuse me.

24 MR. CAMPBELL: I'm not exactly sure
25 of the section, but it is in this general area of the
26 problem of people beginning a drug abuse pattern as a
27 result of prescribing by a physician. This is undoubted-
28 ly largely true of the amphetamines and barbiturates.
29 Am I correct in thinking that the average physician
30 prescribing these drugs gains a lot of his infor-

1 mation about the drugs from the advertising campaigns
2 of the drug industries and from the detail men of the
3 drug companies? Is it the view of the Medical Association
4 that the physician getting this information is getting an
5 adequate picture of the full range consequences of the
6 drug? In other words, if I am right that this is a large
7 part of the education of the physician on a long term
8 basis, is he being presented with the full story of these
9 drugs or is there a danger here that advertising may lead
10 the physicians astray, for instance, with the amphetamines?

11 DR. MATTHEWS: Well, Mr. Chairman, if
12 I could attempt to answer that, we would like to think
13 that there is no justification to the question. But there
14 probably is. The Association does endeavour to the best
15 of its ability, to sponsor post graduate courses and to
16 disseminate post graduate information to the doctors.
17 The Colleges of Physicians and Surgeons, who are res-
18 ponsible for discipline, do circularize the doctors with
19 warnings as to the consequences of careless prescribing
20 and the consequences inherent in amphetamine prescriptions.
21 Some of our bodies, as has been mentioned, do go out of
22 their way -- like the College of Family Practitioners --
23 to make a special effort in these areas. On the other
24 hand, doctors are busy, to some extent, overworked, and
25 I'm sure there are doctors who are responsive to the
26 advertising of the industry. We regret this. We are, as
27 I have reported, undertaking a special investigation in
28 the prescribing habits of physicians. We think we have
29 more responsibility, perhaps, than we have assumed in
30 the past and we have directed one of our councils to make

1 a thorough investigation in this area. The answer to
2 how many physicians are not knowledgeable in this area,
3 I think, is that we don't know.

4 THE CHAIRMAN: Dr. Matthews, the
5 former remark, that Mr. Geekie was saying, about neces-
6 sity for public education, what is the role of the
7 medical profession in shaping the public attitudes,
8 opinion, and behaviour in this matter of drug use? Does
9 the profession see that it has a role in public education
10 to make?

11 DR. MATTHEWS: Yes, I think most
12 certainly they have a role and a responsibility and one
13 of the aims of our Association and our Charter, is to
14 further the public health. Health. I think this is an
15 area where we have the responsibility. I hope, sir,
16 that we are assuming it.

17 PROFESSOR BERTRAND: I would like to
18 ask a question in French, if you don't mind.

19 I am wondering if I might, in thinking
20 that report this morning is reflecting a controlled
21 attitude of the population, or whether it has
22 any intention to control the population through your
23 profession, and your prescription habits in limiting the
24 use of drugs, and I think personally, that the problem
25 could be posed differently, and I would like some
26 reactions from the audience. With all the
27 other types of poisons existing within society, wouldn't
28 it be more logical, more human, and more normal to
29 allow the population to take some calculated risks
30 concerning drugs rather than controlling, prescribing

1 and regulating the substances that are being consumed.

2 DR. BELLIVEAU: Now, Miss Bertrand,
3 you have asked a question which is very complex. This
4 question has, of course, been asked among our colleagues.
5 I don't have the confidence to answer you in a com-
6 prehensive manner since I have not participated in these
7 problems. I am a surgeon and the drugs we prescribe in
8 surgery do not present any major problems, but I will ask
9 Dr. Unwin, who is more aware of this, to answer you.

10 DR. UNWIN: Miss Bertrand, I think that
11 generally speaking, our Association agrees with this type
12 of concern. I would like to stress that our presentation
13 is only an interim presentation. This is a very complex
14 matter. As stated in my brief, it appears more clearly
15 that among the youngsters, the traditional approach is --
16 well, the youngsters are wondering if the traditional
17 approaches are still valid. I think we have become aware
18 of this lack of legislation being -- in fact, in terms
19 of criminality, that this needs to be re-oriented towards
20 what styles of users do we have, which of them in fact
21 would be defined as needing help, the casual experimenter
22 as against the casual moderate user, as against the
23 heavily dependent person with obvious problems. And
24 once again, we stress the need for a more disciplinary
25 look at this, that medicine is not in a position by
26 itself, any longer, I think, as its being said increasingly
27 by young people, to define even what abuse of a drug is,
28 but because it has no medical use, therefore, if you
29 take it, it is automatically abuse. It may only now
30 be misuse. I would feel that this is one area in which

1 the Association is liable to continue a good amount of
2 debate through our committee, and hope that we once again
3 come back with some clear ideas. We have hesitated to
4 go any further with this at the present because we
5 realize the complexity and the change of attitudes, and
6 a change in focus may be appropriate on the part of the
7 profession, and this, of course, will take some doing.

8 MR. CAMPBELL: Dr. Unwin, or
9 gentlemen, inherent in the whole of your brief, and in
10 the working paper, it seems to be an opinion that if
11 dangers can be shown in a drug, some measures of control
12 by society is required. Now, you ask for research on
13 a number of drugs to establish what the dangers are.
14 I would like to know something by way of a general con-
15 cern: What sort of dangers do you feel indicate pro-
16 hibition on use or control on use? I would like you, if
17 you would, to answer this with reference to a position
18 that has been put to us a great many times, that the
19 individual should have a right to do with his body or
20 his mind as he sees fit, so long as he injures no other
21 person, the old John Stuart Mills position. Now, you
22 keep asking for research on dangers. What are these
23 levels of dangers that would lead you to believe that
24 prohibition should occur and why should that prohibition
25 exist?

26 DR. UNWIN: Dean Campbell, I think at
27 this stage -- as you know, I'm talking about it as a
28 member of a committee of an Association and not as an
29 individual with particular attitudes over experiences,
30 and I hope tomorrow I might have an opportunity to

1 address the committee as an individual not allied with
2 any other group. My interpretation of the current
3 attitude of the Canadian Medical Association would be
4 that the research showing is fairly clear on what dangers
5 are, first of all, general education, that people would
6 know about this. Secondly, it would be presented to
7 legislative bodies with recommendations, but also to
8 the general public, and that any steps that would be
9 taken would not be primarily because the Canadian Medical
10 Association said this is bad, but given certain information,
11 the public, the voting public, and the legislators would
12 make a judgment on whether or not what type of control
13 was necessary on a particular substance.

14 MR. STEIN: Dr. Unwin, I don't feel
15 that you really answered the question. Perhaps you don't
16 feel that you can, and that is as far as you can, because
17 I think if you understood Dean Campbell's -- if I under-
18 stood Dean Campbell's question, it was what type of
19 criteria/^{one}would be looked for? Would there be physical
20 damage to the body? Would there be changes? It was this
21 kind of thing.

22 THE CHAIRMAN: That is the question
23 about the criteria for legislative approach, isn't it?

24 MR. CAMPBELL: That, and the justi-
25 fication.

26 DR. LEHMANN: May I just push this,
27 a little more specifically then? In a recent editorial
28 of the Hansard, of the 11th of October, to be specific,
29 there are very startling facts about the contraceptive
30 pill, in which it is stated, and the references are given,

1 that over fifty metabolic deviations are now known to
2 occur as a result of the contraceptive pill, and that
3 also eighteen million women, at least, take it, and this
4 has been now taken for over a decade, and it has been
5 thought to be safe, but in the end, the editorial states
6 that we do not know, on the basis of all we know now
7 already about the Pill, we cannot say whether in ten to
8 twenty years from now there will not be found a great
9 number of arterio-sclerosis, possibly diabetes, possibly
10 cancer; we know already that stokes and thrombosis have
11 occurred as a result of the Pill in great numbers, and
12 so in the end, the editorial writer concludes, and this
13 is one of the best known medical journals in the world,
14 it has an excellent reputation; that for the healthy
15 woman, it should medically, probably not be recommended
16 to take the pill because in ten or twenty years there
17 may be arterio-sclerosis and so on. Now, the question
18 is, specifically, that suppose we know that a drug,
19 whether it is the contraceptive pill, or whether it is
20 another drug, or whether it is marijuana, suppose we
21 would know that there would be a considerable percentage
22 of arterio-sclerosis, heart disease and cancer, ten
23 years from now, say, for people who smoke marijuana --
24 would we or would we not have the right, or take the
25 right to legislate against this drug, or should we tell
26 everybody, "This is your risk, take it or leave it".

27 DR. VARVIS: Mr. Commissioner, I
28 wonder if I might speak to this. The decision is to
29 how society should handle this thing is ultimately
30 society's. Our society quite rightly could ask its

1 medical profession to give its opinion with regard to
2 this, and I think our opinions stem from our traditions
3 which go back many thousands of years. We are interested
4 in maintaining persons in a state of good health, both
5 physical and mental, and if it would come to our
6 attention that any substance detracted from the attaining
7 of this degree, we could not condone its use. Many of
8 the substances that we do use, as I am sure you are all
9 aware, are very potential and hazardous poisons, and yet
10 it is only through a very judicious administration of
11 these substances that we manage to effect a therapeutic
12 effect. In answer to your question, I don't see how
13 any honourable medical association could advise society
14 in any other way except to say, "Look, this medicine
15 which you are taking, or this drug which you have
16 advocated, is going to affect your health in a subsequent
17 time. Therefore, we cannot recommend that it be used".

18 DR. LEHMANN: Would the Medical
19 Association recommend a law to outlaw it?

20 DR. VARVIS: I think this is a question
21 that at this time we may not be prepared to answer.

22 THE CHAIRMAN: Gentleman at the micro-
23 phone.

24 THE PUBLIC: I would like to ask the
25 doctors if there is any physical damage that comes
26 about -- excuse me, any physical damage that comes
27 about to the patients who are administered LSD or
28 mescaline as a treatment?

29 DR. UNWIN: Is this appropriate at
30 this time, Mr. Chairman?

1 THE CHAIRMAN: Yes.

2 DR. UNWIN: You took LSD and mescaline and
3 if there was any
4 asked/physical damage, and you mentioned about treatment,
5 as in treatment. Right? The current status as we feel,
6 as professionals, of LSD and even less of mescaline is,
7 as a research subject, ^{is} there/no proven therapeutic use
8 at this time. There is considerable concern of a some-
9 what controversial nature at present, as to whether or
10 not the use of LSD in unknown quantities and unknown
11 circumstances may lead to chromosome breakage. There
12 are pros and cons to this in research which is going on
13 quite adamantly at present. Dr. Solursh is involved in
14 this. The only thing is, the point is there of a
15 possibility. We can only say from recent findings that
16 it seems reasonable to say that the woman who takes LSD
17 during the first three months of pregnancy does run a
18 definite risk of harm to the fetus which may result in
19 miscarriage or deformity after birth, and this is some-
20 thing that should be known. This is about all we can
21 say plausibly at present.

21 THE PUBLIC: I would just like to
22 understand that it is used for -- as a treatment for
23 schizophrenia and things like that. But in concentration,
24 to move off of LSD to mescaline, I would like to under-
25 stand -- like you weren't talking about that, because
26 if you have some -- I would like to dispute your point
27 on that. If you take into consideration the 200,000
28 people in the United States -- I don't know about the
29 laws in Canada -- that the 200,000 people in the United
30 States who were members of the Native American Church

1 and who were all Indians and were doing peyote, of which
2 the active ingredient is mescaline, like for countless
3 centuries -- like I don't see any, you know, physical
4 damage that has occurred to these people, you know,
5 through the generations and through to the present.

6 DR. UNWIN: You may be right. I think
7 what we would have to wonder, though, is have people
8 really looked at the specific -- you see, if you rely
9 on historical impressions like, people have been using
10 the thing for a long time, people can just as easily
11 come out and say, "Well, look what happened in Asia
12 with marijuana. Look what happened in North Africa."
13 And because of certain traditional things, and this may
14 make marijuana an extremely hazardous substance, and
15 when you look into the actual circumstances and do a
16 detailed scientific study on it, you find there are so
17 many other factors involved, including a failure of
18 active viewing of what might be going on.

19 THE PUBLIC: I'm speaking of these
20 people who are members of the Native American Church
21 are as a result of use -- like the genetical use of
22 mescaline through, like, hundreds of years, and that
23 there is no -- I don't see or I haven't heard of any-
24 thing -- like, being physically wrong with these people.
25 I'm not talking about psychological things.

26 DR. UNWIN: This may be true. We
27 don't know at present. This is the point. Very little
28 research is being done in the area of mescaline. It
29 may be true, but we don't know.

30 THE PUBLIC: If I could address the

Chairman? I would like to take offence, for one thing, with something Mr. Gilbert said about the thing of doing acid and you have the idea, you know, you can possibly be stepping out of a window or falling, like, twenty stories, and thinking that you are going -- like stepping down one step. I think he has been watching too many of his own scare, you know, tactic films, because like, that's nothing at all like that. It is, like, you have wide perceptions, but you are still aware of your circumstances and your surroundings, and I would also like to make comment on the allusion made by that guy who was up before, talking, that young guy with red hair, about how he almost killed himself on acid. And I would like to say that in respect to his idea that "I am sick and people that I know are sick", I think, like, if I can turn that phrase around, that he would, like, be the one, because if I can quote the psycho-biology book, the text book in McGill University for psychology, in a test conducted on LSD, the mass majority of the people were like -- I think it comes down to less than 1% of the people who had undergone the tests, had any permanent or even after-effects after the administration of the drug, and these people, like, who did have these after-effects were all psychologically unbalanced beforehand, and this is a quote from the psycho-biology textbook at McGill University. OK.

THE CHAIRMAN: I wonder, Dr. Matthews, if we could have an idea of what you would like to do -- what you would like to do with respect to the review which is an appendix, or made an integral part of your

1 submission. Is it proposed to comment on your review?

2 I am thinking now of time and the fact that we would like
3 to be able to ask questions.

4 DR. MATTHEWS: Mr. Chairman, it was
5 not our intention to go over the review. We thought
6 that if you, as a Commission, had any questions on it,
7 we would do our best with them.

8 THE CHAIRMAN: Yes. Well, there is
9 only a few minutes left to us before our adjournment,
10 and my feeling is, if it is convenient for you gentle-
11 men to return at 2:30 so that we could ask a few more
12 questions, but perhaps, one general question at this
13 stage: What in your opinion, are the areas which you
14 most urgently -- are the problems which most urgently
15 require research with respect to the drugs that come
16 within our terms of reference?

17 DR. UNWIN: A good number of these
18 drugs, Mr. Chairman, are in fact quite well researched
19 and quite well documented, if we are talking about
20 psycho-active drugs in general, I think Dr. Lehmann,
21 for example, would agree that we do know a lot about
22 the tranquillizers and their hazards. I think we do
23 know a good deal about alcohol. What our knowledge leads
24 us to do is--hallucogens, is another matter. We are
25 getting to know quite a lot more about nicotine. We do
26 know a certain amount about LSD and similar substances.
27 The young man from McGill is quite right in saying that
28 LSD does not lead to death, usually. The fact is that
29 now and again accidents resulting from bad judgment do
30 occur and you have to ask yourself, "Do I want to balance

1 out the experience or the value I think I get from the
2 use of these substances with the possibilities that come
3 up?" And then it's a personal decision then, I know.
4 I don't think you can say there are no hazards. On the
5 contrary. The major problem right now is with marijuana,
6 I would think, for the following reasons. First of all,
7 it is estimated that several million North Americans
8 right now are using this substance, a substance which up
9 until two years ago virtually no adequate scientific
10 research had been done about it, a substance which has
11 become symbolic of so many discontents in our society
12 of the so-called generation gap, or what I prefer to
13 call the "era gap", and whether or not we think it has
14 medical use or not, the fact is that ten million Ameri-
15 cans are using the substance right now. From a straight
16 point of view of health care, we have to know what this
17 substance does. We must get research going urgently on
18 this because of the number of people using it. We par-
19 ticularly feel that the long term effects of marijuana,
20 particularly confined to North America, are virtually
21 unknown. Now, this brings in the dilemma, of course,
22 how long is long term research and what proportion of
23 these twenty million Americans are going to stop taking
24 marijuana when we say, "Right, that's enough research".
25 Forty years hence, thirty years hence -- I would say our
26 major area of research would have to be into the so-
27 called "psychedilics". If one could bring the whole
28 matter of legal approach and the general traditional
29 approach towards drug misusers under our research, I
30 would say this, in our opinion, is just as urgent.

1 DR. VARVIS: Mr. Chairman, I wonder if
2 I could just add to that. When the term "research" is
3 used, I think in the sense of most of us here, it conjures
4 a laboratory setting, to a pharmacologist or one who is
5 fairly versatile in the aspects of (de Cartien) principles
6 are involved, and I think what Dr. Unwin really is sug-
7 gesting, that pharmacological investigations into much of
8 these drugshas been done to a fairly reasonable degree.
9 One thing is, the sociological research is a relatively
10 new field, in which there is great difficulty in being
11 able to set up experimental models from which very valid
12 conclusions can be drawn readily.

13 THE CHAIRMAN: Are you speaking par-
14 ticularly of effects on behaviour of these drugs?

15 DR. SOLURSH: More than that, Mr.
16 Chairman. I have been rather uncomfortable because I
17 feel we have answered our question already in the brief
18 and I feel we are falling into a nasty trap by accident
19 entirely, and that is, Dean Campbell and Dr. Lehmann
20 asked a very appropriate question, "What about dangers?
21 And did you find these in research?" And we just go on
22 from there. Let us point out very clearly, that is, we
23 talk about research, we talk about that being tied
24 closely to legislation, we are talking about multi-
25 disciplinary research, we are not talking about research-
26 ing, about "dangers", about properties of drugs. We are
27 also stressing in here that that research is useless by
28 itself and that indeed sociological research surveys,
29 etc., the value of community intervention, both these
30 things are part of what we would consider under the

1 heading of non-medical drug use, and it is in this
2 general area that we make the appeal that continuance
3 must be maintained. Now, in that sense it is eternal,
4 because sociological patterns will change, and it should
5 be eternal.

6 DR. UNWIN: Mr. Chairman, I would also
7 add that I think Dr. Solursh was alluding to this, that
8 some of this research may well show that certain of these
9 substances in fact have advantages or uses which just
10 may outweigh their disadvantages. This is a very great
11 possibility and we would discourage any idea that the
12 medical profession in particular, and once again the
13 whole research team at the sociological -- at the anthro-
14 pological, chemical level, and all the others, and we
15 could -- they would say, "What's bad about this?" It
16 may be that some of these substances have uses. It may
17 be that the other things may have disadvantages, like
18 the stimulants, which outweigh their advantages in many
19 cases. But we are just not to state some way of quoting
20 that. I think this day has passed when we have this
21 rather "campaign" view of our traditional prerogatives.

22 DR. SOLURSH: A corollary of this is
23 that the point of education is not to discourage or
24 encourage, but if we can obtain more data and transmit
25 it effectively, the point of it is, we accept that we
26 live in a chemical culture or technology has developed
27 in this field as well as others, and so we are really
28 talking about the wise use. We're not talking about
29 turning people on or off to a drug necessarily. That
30 may happen. But people should have more information on

1 | which to base decisions. That's what we said before.

2 | DR. LEHMANN: I think the Commission
3 | understands very well this sophisticated and, well, mature
4 | approach to the problem, but as a Commission we also have
5 | to consider the legal and the specific regulatory
6 | questions. Now, I would just like to ask the question
7 | once more -- I know that you aren't very comfortable with
8 | it, but you are representing the Canadian Medical Associ-
9 | ation. Is there a feeling that medicine should still
10 | play the watchdog, let's say, the paternalistic pro-
11 | tection, give the paternalistic protection -- for instance,
12 | thalidomide is outlawed. I should like to use thalidomide
13 | very much, it's an excellent sedative, but the law
14 | doesn't permit me to. Now, do we -- do physicians have
15 | a right or should they have a right or an obligation to
16 | outlaw something that is known to be dangerous?

17 | DR. MATTHEWS: Mr. Chairman, if I could
18 | perhaps try to answer that. I would like to support
19 | what Dr. Varvis said, that we can't answer philosophical
20 | questions. We can only answer medical questions. We can
21 | only tell you when the risks are greater than the ad-
22 | vantages in our opinion. Now, the question of the Pill
23 | came up -- if there was a scientifically valid consensus
24 | that the Pill was more harmful than the risk, then the
25 | medical profession would have to ask that it be taken off
26 | the shelves and the production of it discontinued. I
27 | think that in conscience you would have to take that
28 | stand. Now, there is a difference when you come to
29 | control, with the subject -- with a substance that is
30 | not controlled and a substance that is now under The

1 Narcotics Control Act, and we can only say that when the
2 risks are proven to be less severe than the advantages,
3 then we think the penalties should be lessened. We have
4 taken that statement, or made that statement now, but we
5 think, as an interim step, that marijuana, for instance,
6 should be taken out of the Narcotics Act and put under
7 The Food and Drug Act, while we study it, and if we come
8 to the conclusion that the risks are less than the
9 advantages to be gained from it, then I don't think we
10 have any other course but to support that there perhaps
11 should be no other controls at all. But this is -- we
12 give a medical opinion on risks and medical advantages,
13 and I think the other philosophical question about
14 society exerting controls has to be solved by somebody
15 else.

16 THE CHAIRMAN: On the other hand,
17 Doctor, that is right, we look for you to give us the
18 assistance to assess the risks in medical terms, but we
19 also need assistance as to the problems. We understand
20 the disciplinary thrust of this but my question was,
21 what are the problems which most urgently require research,
22 because what we are met with constantly is, we need more
23 research, we need more research, we don't know enough,
24 we don't know anything. Now, you gentlemen have to
25 assist us to take the measure of what is known, but what
26 must be investigated as problems, not the general approach,
27 urgently, in order that we can make a better assessment
28 of risks against this problem which has been given to us
29 by the Government of Canada.

30 DR. UNWIN: Mr. Chairman, I think I

1 have approached this problem in my position paper which
2 is part of the brief. I think I have indicated inasmuch
3 as possible in various controversial areas, what we think
4 is known; into a bit of medicine, into a bit of sociology,
5 into a bit of legislation, into a bit of socio-cultural
6 areas; we have suggested that why there is such confusion
7 for instance, to do with marijuana, is because of the
8 list of factors which are set out, which in fact are
9 to sloppy scientific approaches, failure to what your
10 semantics, or, I think, perhaps the man had an example
11 here, when young Glen was talking to Mr. Stein there.
12 They were talking about drug use, and I don't think they
13 were talking about the same person. I think young Glen
14 was talking about the pot-head who really hits it all the
15 time, and what Mr. Stein was talking about was the person
16 who uses it occasionally. We have suggested that in
17 doing past research in marijuana, you have to look at all
18 these aspects I outlined, the dosage, the sample, the
19 consistency, and the symbolic factor which makes people
20 so up-tight. You cannot make any statement today, I am
21 sure you know, without somebody attacking it, and the
22 more statements you make, the more you get attacked by
23 some side or other. Future research has to take all of
24 this in account. I think in my paper. I have tried to
25 indicate the areas that are fuzzy and the areas that are
26 well known, and I would again stress that with the ex-
27 ception of marijuana particularly and similar substances
28 like hashish and THC, and other psychedelic drugs, most
29 of the areas we do know, perhaps, already enough about.

30 THE CHAIRMAN: Well, now I will adjourn

1 this hearing until two o'clock -- two-thirty, excuse me,
2 and I would ask you gentlemen if you would be kind enough
3 to come back at two-thirty if that is convenient. Thank
4 you very much.

5 We are now going to the University,
6 to the Students' Union Building.

7 --- Upon adjourning at 12:30 p.m.

1 --- Upon resuming at 2:35 p.m. (Without Reporter)
2 (Portion omitted) --- which would include, of course,
3 studies that were set up in a manner that would make
4 available accurate reporting and records that had some
5 validity and that would include communications and in-
6 formation patterns. I would hope that perhaps this
7 might give some insight into what we were thinking when
8 we talked about research and Dr. Unwin, I think, has
9 something to say about some aspects of medical treatment
10 of these cases.

11 DR. UNWIN: The Association has become
12 rather futilely and anxiously aware of the pronounced
13 lack of facilities for the treatment, management, re-
14 habilitation and so on of drug misuse in general. We
15 think that other areas like co-ordination of information
16 facilities and of treatment facilities is badly needed.
17 We feel also that there is a need for co-ordination
18 between the various types of people we talked about this
19 morning who had worked on the team whether it be in
20 research or community servitory. But the com-
21 munications media have a vital role to play here as part
22 of the total team in trying to present as factually as
23 is possible all sides of the various social issues
24 underlying drug abuse, and increasing, intensifying the
25 attempts to be fairly accurate when they do quote from
26 studies or from people who are self-appointed or
27 recognized experts. In the area of the need for co-
28 ordination we come into the area of the difficulties
29 which we feel are experienced by young drug users
30 who need help usually, particularly, for immediate

1 detoxification, the bad trips. There has been experienced
2 here in North America -- we have been in contact with
3 colleagues working throughout the area, in San Francisco
4 and so on, Toronto, Vancouver, Chicago -- that many of
5 the hospitals, the outpatient facilities in fact tend to
6 reject the young person who has come in on a bad drug
7 trip, particularly if he happens to be dressed in ways
8 which might seem unorthodox like long hair, beads, a
9 beard; things like this. And we regret this, and hope
10 through our own efforts in the Medical Association, the
11 medical profession, that this situation can be corrected,
12 primarily because what has happened instead is that the
13 young people have set up their own clinics where they
14 have volunteer doctors to go at night to help them out
15 because they find the established facility is not
16 adequate and not capable of handling them in the way
17 that they need to be handled. Now, when these so-called
18 "street - walking" facilities for which we think there
19 is a very definite need, this is part of the total
20 spectrum of services, but when they are set up they have
21 regretted a number of times that they have been sabotaged
22 and made ineffective by an undue amount of attention
23 amounting at times to harassment, by law enforcement
24 agencies who regard this sort of set-up as unorthodox
25 in terms of medical approach, and they know that some
26 people who come in are drug users and they think that
27 there might be drug users, and ~~then~~ have regrettably, in
28 some communities, been definite examples where the law
29 enforcement agencies have through their persistent
30 attention to these facilities, frightened the young

1 people away, frustrated the doctors, and the -- in fact
2 the result has been that the service has collapsed. We
3 feel that if these services, the war-type facilities were
4 given official coverage and sanction perhaps by hospital
5 and by recognized medical authorities, that this type of
6 eventuality might decrease. We would stress that this,
7 by the way, does not happen in all communities, but it
8 happens enough to be distressing.

9 THE CHAIRMAN: Yes, Dean Campbell.

10 MR. CAMPBELL: I'm sorry, Doctor, I'm
11 in the middle of your remarks, but I think I have the
12 gist. A number of times in our hearings, people who, I
13 think, were clearly drug using people, have mentioned to
14 us a fear if people using drugs are having a bad trip
15 and go to the medical profession, notably to hospitals,
16 they run a serious risk that the physician or hospital
17 authority will inform the police that they are drug users.
18 I would like the comment of the Association on a) whether
19 or not this probably occurs, and b) if it does occur,
20 how does this stand in terms of medical ethics?

21 DR. MATTHEWS: I think Dr. Solursh
22 could comment on this general area, Mr. Campbell.

23 DR. SOLURSH: Since there are drug
24 users and people presenting ^{themselves for} treatment, we have a res-
25 ponsibility to the community and we are aware that des-
26 traction in the community may have occurred. We have
27 a responsibility to the individual who presents himself
28 for treatment. We feel that in most of these instances,
29 and I suspect in all of the incidences of which you
30 speak, that the essential issue is medical treatment of

1 that person and that would be thoroughly undercut if we
2 were in fact to surround that issue. He would, in fact,
3 presumably, if not now, ^{be} breaking the law, and the routine
4 has been, I think, acceptable with most of us, if not all,
5 to treat that individual.

6 Now, we do
7 make a comment in our brief and very deliberately, that
8 personnel have not been very consistent in
9 any meaningful way in their approach to youthful drug
10 users approached in these departments. It could be a
11 lot more consistent. We would like to see it so and I
12 think this is one of the terms that we say is ---

13 MR. CAMPBELL: Do you realize the
14 seriousness of the question, because I think there are
15 a lot of people who have experienced a bad trip and will
16 avoid going to the hospital out of fear that the
17 physician will inform the police, and that is why I
18 asked the question quite deliberately in terms of, would
19 this violate medical ethics to inform the police, and
20 I think the medical profession if it doesn't do this,
21 should make this clear as a public health step.

22 DR. VARVIS: May I speak to that,
23 Commissioner Campbell? I think this question cannot
24 be answered in a generalized way by us since the practice
25 may vary in one part of the country so much and so
26 readily from another. I would suggest to you that if
27 a person appeared in a hospital, in the Emergency,
28 acutely toxic from a substance probably unknown, that
29 the immediate concern is for the individual. I would
30 also suggest that the practice, more often than not, is

1 not to inform the police. To inform the police and to
2 exert one's concern for the patient has become secondary
3 to an interpretation of the law that may or may not apply
4 and which may or may not have been established. I don't
5 think it is any secret that many people who present --
6 after having taken an overdose of barbiturates, and
7 presumably have made a suicide attempt, these people are
8 not all reported, they are recognized as ill people.
9 There are rather extenuating circumstances under which
10 the law would be involved, and I would suggest to you
11 that this would be an exception rather than the rule.

12 DR. LEHMANN: May I push this a little
13 further? We would really like to have an answer from
14 your committee on whether or not it violates medical
15 ethics if a routine report is made in any part of the
16 country, no matter how widespread or whatever the
17 practice is, whether it would violate medical ethics if
18 a report to the police is made, Keeping in mind that
19 medical people are not law enforcement officers, we do
20 know that gunshot wounds have to be reported by law.
21 There is no law for medical personnel to report drug
22 users. Now, is it or is it not against medical ethics
23 to report?

24 DR. MATTHEWS: I may answer that,
25 Mr. Chairman. It is against medical ethics to report
26 that under those circumstances. And something I know
27 of, that is a close parallel to that is the battered child
28 syndrome, and there are many things under legislation
29 now forcing us to report these cases. We asked for this
30 legislation because we felt that there were many instances

1 where they should be reported. We would not ask for
2 that legislation in relation to drug users.

3 DR. UNWIN: I appreciate very much the
4 extreme importance of your question, Mr. Chairman, and
5 Dean Campbell, and I remember, also, Mr. Campbell, when
6 you took time out to come along with me when I went to
7 one of the youth groups and -- when not in the profession
8 I think it is difficult in the position as it may seem
9 because the law is related to trafficking, importing or
10 exporting, they do not refer to the state of being intox-
11 icated. Not only that, but we have at present no
12 reliable medical techniques for identifying whether or
13 not some such substances as cannabis products or LSD
14 have been taken. This is one of the troubles in research,
15 that we don't know what is getting into the blood and
16 what it does. I think looking at these two things, there
17 seems to be no reason why we should report somebody who
18 is intoxicated simply because he is, particularly if we
19 cannot identify what the substance is.

20 DR. LEHMANN: There seems to be every
21 reason not to report.

22 DR. UNWIN: I would think so.

23 THE CHAIRMAN: Following up on that
24 question, Dr. Matthews, I think we have also heard it
25 said in our Hearings that young people who have found
26 themselves in medical difficulties from drug use
27 have sometimes encountered what they interpret as
28 "hostility", "distaste", or even hostility from the
29 medical physician to whom they have appealed or applied
30 for treatment, to whom they were referred. Does the
present state of the

1 law with respect to the non-medical use of these sub-
2 stances create, in your judgment, a -- any psychological
3 difficulties for the medical profession responding to
4 the need for treatment and care?

5 DR. MATTHEWS: The law, ideally should
6 not, -- the present law should not have any difference
7 in the doctor's reaction to a patient that is sick and
8 needs help. I think in practice that doctors are human
9 and have prejudices. I would regret that the sort of
10 thing that you mentioned might represent more than a
11 small fraction of practitioners, I wouldn't know how
12 many. It certainly would be unethical. It would be
13 deplored for any doctor not to do his best for a person
14 who was sick or in trouble or was asking for help.

15 THE CHAIRMAN: Well, I think then,
16 Dr. Matthews, that we must in all conscience release
17 you and your colleagues, and on the understanding which
18 you have expressed, that you will be keeping us -- you
19 will keep us informed of the developments of your own
20 study, survey; and give us any further assistance so
21 that we might call on ^{you} /from time to time. I would like
22 to express the appreciation of the Commission for the
23 submission which you have made today.

24 DR. MATTHEWS: We appreciate very much
25 the reception we have had here from the Commission, sir,
26 and I wonder if you would suffer me once more to refer
27 to two paragraphs in the presentation, the two last
28 paragraphs in the position paper of Dr. Unwin, and I
29 think, perhaps more than anything else, this does sum
30 up the essence of the position that we have tried to

1 take today.

2 "Professor Kenneth Keniston, rec ---

3 THE CHAIRMAN: Excuse me, where are
4 those paragraphs?

5 DR. MATTHEWS: 74.

6 "Professor Kenneth Keniston, a recog-
7 nized expert on North American youth and its dissent,
8 presents the nuclear issue in the following terms: "In
9 the long run those of us who are critical of student drug
10 abuse must demonstrate to our students that there are
11 better and more lasting ways to experience the fullness,
12 the depth, the variety and the richness of life than that
13 of ingesting psycho-active drugs, and we can perhaps, in
14 our own lives, and by our own examples, suggest that
15 moral courage, a critical awareness of the defects of our
16 society, a capacity for intense experience and the ability
17 to relate genuinely to people are not the exclusive
18 possession of drug users".

19 Hence, we need to shift our focus away
20 from specific drugs and their dangers, towards the user,
21 his life experiences, and the society within which he
22 lives. Such a re-orientation should enable us to identify
23 or initiate valid alternatives to drug misuse, especially
24 in the form of meaningful responsibilities and exhila-
25 rating challenges for contemporary youth.

26 THE CHAIRMAN: Thank you very much,
27 gentlemen.

28 DR. MATTHEWS: Thank you, Mr. Chairman.

29 THE CHAIRMAN: I now call upon Dr.

30 Henri Ellenberger, psychiatrist, a teacher at the Psychiatry

1 Department at the University of Montreal.

2 DR. ELLENBERGER: From the Crimi-
3 nality Department of the University of Montreal.

4 THE CHAIRMAN: Doctor?

5 DR. ELLENBERGER: I have been asked to
6 testify as a psychiatrist. My role is that of a psychi-
7 atrist who has studied and treated in the past, morphine
8 addiction and other drug addictions in France and in
9 Europe and who has in the past -- who has lived in North
10 America for the past fifteen years. I was first a psychi-
11 atry professor in Topeka, and entering three years at
12 the University of McGill, and now, I am a professor at
13 the University of Montreal. I teach criminology, but I
14 am also a psychiatrist (inaudible). I have been
15 asked if I had observed any differences between drug
16 addiction, America and Europe. According to the cases
17 I observed myself I find there are large differences.
18 Here in North America, by this I mean the United States
19 and Canada, I haven't seen one morphine addict or heroin
20 addict who hasn't started by smoking marijuana, and this
21 phenomenon does not occur in Europe. Now, I had the
22 opportunity of following up these patients, they told me
23 their history, and all of them had started by smoking
24 marijuana thinking that it was a very innocent type of
25 substance, and they thought they could stop it at any
26 given time in the process. And in two cases, they were
27 mistaken since they -- after a certain time, sometimes
28 after two years or a three year period, they ended up
29 suffering from a much more serious drug addiction. Of
30 course, I don't claim that all marijuana smokers will

1 necessarily become drug addicts with morphine or heroin,
2 but those that I saw had started smoking marijuana
3 thinking that the whole thing was very inoffensive, and
4 the conclusion is that marijuana usage is much more
5 serious and risky than young people seem to think. This
6 is one first observation that I can state. If you have
7 any questions to put to me, please do so.

8 THE CHAIRMAN: Dr. Lehmann?

9 DR. LEHMANN: May I contrast to your
10 statement the one -- that the information we received
11 just a week ago in Vancouver from somebody who has been
12 working in one of the penal institutions where they have
13 many heroin addicts, in fact, 110. He worked with most
14 of them in group therapy. Of the 110, 70 had taken
15 marijuana after they had taken heroin, and only 5 had
16 been taking marijuana prior to heroin. Now, that is the
17 Vancouver population. If nothing else, it shows the
18 difference in populations.

19 DR. ELLENBERGER: Yes, it shows they
20 are important, local differences. I don't know how it is
21 in Vancouver. I have never been there. I have seen the
22 patients, I have seen in the western United States and
23 here in Montreal,

24 PROFESSOR BERTRAND: You have stated
25 that heroin users, or at least all those that you know,
26 you knew in private practice as a psychiatrist, admitted
27 having started with marijuana smoking here in North
28 America. Does this mean, Dr. Ellenberger, doesn't this
29 mean that we should ask ourselves questions about the
30 personality make-up or the general psychological make-up

1 of these persons who become addicts, because you have
2 admitted that your patients don't necessarily represent
3 all of the population?

4 DR. ELLENBERGER: Of course, this
5 depends on given cases. There are cases where -- there
6 are certain individual predispositions which play a given
7 role, but I find that the psychological collective factors
8 play a fantastic role. Some young people want to do as
9 others. Those I knew wanted to follow what others had
10 done. Of course, people think that when we do something
11 risky, and if many others do likewise, then the -- the
12 risk is not as high. That is why I find that the social
13 psychological factor plays an important role.

14 THE CHAIRMAN: Use by heroin addicts,
15 yes is the reply, but do you notice the fact that amongst
16 the various drugs they suggested, they used marijuana,
17 and you concluded that marijuana leads directly to heroin.

18 DR. ELLENBERGER: No, I wouldn't say
19 that necessarily leads to heroin addiction, not neces-
20 sarily, but to say, I would say that it leads indirectly
21 to the use of heroin.

22 THE CHAIRMAN: But you don't base this
23 on the simple fact that heroin addicts use the marijuana.
24 You must have other evidence to substantiate this in-
25 direct lead.

26 DR. ELLENBERGER: Well--- They are
27 accustomed to marijuana without being aware---

28 THE CHAIRMAN: They are accustomed --
29 what do you mean, what do you mean?

30 DR. ELLENBERGER: I don't mean habit,

1 they have taken -- fall into the habit of smoking mari-
2 juana and they found it was much more difficult one day
3 to do without it than they found at the beginning.

4 THE CHAIRMAN: So what ~~does~~ this fact
5 have to do with use of heroin, then?

6 DR. ELLENBERGER: Well, one fine day
7 the marijuana users who were in the habit of smoking
8 marijuana started in given sets of circumstances.

9 THE CHAIRMAN: Have you examined in
10 detail the case of each of these heroin addicts to know
11 exactly what progress they take from one drug to
12 another?

13 DR. ELLENBERGER: My concern, when
14 I treated these patients, was to give them therapy.

15 THE CHAIRMAN: You didn't make a
16 detailed history or detailed research?

17 DR. ELLENBERGER: No, I made clinical
18 studies and case histories of patients, but I didn't
19 make any in depth statistic studies.

20 THE CHAIRMAN: You only examined
21 heroin addict cases?

22 DR. ELLENBERGER: No, I had heroin
23 addict cases, morphine addict cases, LSD cases, etc.

24 THE CHAIRMAN: How many cases in all of
25 marijuana users have you studied within the framework
26 of your survey?

27 DR. ELLENBERGER: Well, it is very
28 difficult to quote a figure. I haven't tabulated them
29 and as far as a psychiatrist is concerned, all
30 degrees between -- there are some patients that one can

1 have in psychotherapy and others where you are called
2 upon to treat as a consultant.

3 THE CHAIRMAN: Were you consulted in
4 cases -- were you consulted by patients, do you say, or
5 have you studied cases of marijuana users only?

6 DR. ELLENBERGER: No, I didn't see any
7 cases where the sole use of drugs was marijuana at all.

8 MR. STEIN: Doctor, just about an hour
9 ago we were at McGill, McGill University, and we were
10 given the results of the survey there, which we have to
11 take a much closer look at, but, if I recall correctly,
12 and maybe the other Commissioners have a copy handy,
13 that the estimate on this survey of persons who may have
14 experimented or are using marijuana, runs somewhere in
15 the vicinity of 3,000 people; is that the figure, Mr.
16 Chairman?

17 THE CHAIRMAN: Well, that was stated
18 as a general conclusion from the study, that it might
19 be as much as 3,000.

20 MR. STEIN: The only reason I am
21 citing---

22 THE CHAIRMAN: Excuse me, do you mind
23 if I conclude that for accurate public information. It
24 might be as many as 3,000 students at McGill who has
25 used marijuana at least once.

26 MR. STEIN: Yes. Thank you. The only
27 reason I bring this up; that is a survey which again we
28 have just received and we have to look at it quite
29 carefully, but I am wondering how you perceive the
30 group that you are involved in treating in terms of its --

1 the general characteristics that they may have? Do
2 they -- what kind of a relationship would you see --
3 that you could draw, what kind of characteristics do
4 they have that you think the general population have?
5 In other words, are you seeing a very unusual, in your
6 mind -- an unusual group?

7 DR. ELLENBERGER: No, I don't think
8 it is an unusual group. I think it is -- I won't say
9 a sample of the average population, I would say -- I
10 think that here, the collective groups, psychological
11 factor is extremely important. Now, with the exception
12 of a few of them.

13 THE CHAIRMAN: Well, excuse me,
14 Doctor, this question is to me a bit confused now. I
15 understood you to say that you studied the cases of
16 heroin addiction and that you have not studied the cases
17 of any people who were using marijuana only.

18 DR. ELLENBERGER: No, you asked me
19 whether people came to me with that problem of marijuana.

20 THE CHAIRMAN: What is the sample --
21 could you give us detail of the sample on which you
22 base your conclusions today?

23 DR. ELLENBERGER: Well, I have a very
24 different type of people, most of them are young people,
25 men, and young people, but they were from very different
26 background. I had a number of students among them.

27 THE CHAIRMAN: Are there any ---
28 Yes, would you go to the microphone,
29 please?

30 THE PUBLIC: In New York they have done

1 a survey on this and it has also been proven that nine
2 out of ten of the heroin addicts started on alcohol.
3 And also I think it should be brought out here that
4 marijuana could definitely lead on to heroin only because
5 the black market exists today and pushers can put heroin
6 in with marijuana and create an addiction to heroin.

7 THE CHAIRMAN: The gentleman at the
8 microphone.

9 THE PUBLIC: This is referring to the
10 McGill study that was done. The art students, 38% of
11 them tried marijuana. Hard drugs are defined -- this
12 is the hard drug statistic, for people who did it more
13 than ten times is 4.42%, and this hard drug definition
14 on the form was heroin, opium, cocaine and morphine.
15 Now, the 4.42%, all of these people fall into the cate-
16 gory of once a month. A hundred percent of these
17 people fall in the frequency of once a month. This means
18 that it is only experimentation, not addiction.

19 THE CHAIRMAN: Would you care to com-
20 ment on that, Doctor?

21 DR. ELLENBERGER: Now, what is your
22 problem?

23 THE CHAIRMAN: That is experimentation
24 rather than addiction?

25 DR. LEHMANN: Well, I understand that
26 the McGill figures seem to prove that while 38% of
27 students smoke marijuana, and several -- quite a few of
28 them several times, that only 4% or 4. -- 5% use heroin
29 or other drugs and they didn't use it more than once,
30 in other words, there doesn't seem to be a single inci-

1 dence of the students who have been questioned at McGill,
2 where marijuana has lead to heroin use more than once.

3 DR. ELLENBERGER: Well, they had good
4 luck.

5 THE PUBLIC: You have been stating
6 how many people who have taken heroin or started from
7 marijuana, but do you have any figures that state how
8 many people who smoke marijuana turn to heroin?

9 DR. ELLENBERGER: I have no statistics,
10 I am not a statistician. I just take the figures that
11 are given to me.

12 THE PUBLIC: Now, there are 3,000
13 students at McGill who tried marijuana.

14 THE PUBLIC: Point four percent
15 what?

THE CHAIRMAN: Point four percent did.

16 THE PUBLIC: Took hard drugs -- our
17 definition ---

18 THE CHAIRMAN: What does that include,
19 hard drugs?

20 THE PUBLIC: Hard drugs include opium,
21 cocaine and morphine. Point four did it more than ten
22 times. Of this .4 they fall into a 100% category of
23 the more than once a month theory.

24 THE CHAIRMAN: Once a month theory of
25 what?

26 THE PUBLIC: Of these hard drugs, they
27 do it once a month.

28 THE CHAIRMAN: What is their back-
29 ground in marijuana? What information do you have
30 about their background in marijuana?

1 THE PUBLIC: Thirty-eight percent of
2 marijuana use, and of the 38% of marijuana users, 18.8%
3 occurring ten times, and the frequency of marijuana---

4 THE CHAIRMAN: You had better get up
5 in front of the mike.

6 THE PUBLIC: OK. I'll give you the
7 frequency.

8 THE CHAIRMAN: Do you understand my
9 question, now?

10 THE PUBLIC: You want to know the
11 frequency of marijuana.

12 THE CHAIRMAN: I want to know the
13 marijuana use background of the .4% taking hard drugs.
14 You don't have it, eh?

15 THE PUBLIC: We haven't computed that.
16 We could give you the percentages, that 38% use mari-
17 juana. We have not concluded that because this was
18 done just in the last six days.

19 THE CHAIRMAN: Is that data available
20 to you?

21 THE PUBLIC: Yes, we could---

22 THE CHAIRMAN: Could you send it to
23 us?

24 THE PUBLIC: Right now, do you want
25 us to compute it, or---

26 THE PUBLIC: Under the category of
27 opium I want you to know that a lot of people take this
28 as grass being treated with opium.

29 MR. CAMPBELL: Dr. Ellenberger, would
30 you like to make any comments on the general character-

1 istics of the personalities using heroin that you have
2 examined?

3 DR. ELLENBERGER: This is a different
4 point that you have in New York, than in North America.
5 In New York, I have been several months, working in the
6 hospital where I specialized in the treatment of morphine.
7 Now, among these patients, using alcohol -- some have
8 started with medical use, and they became addicted in
9 that way. Other ones were neurotic or psychopathic types,
10 or alcoholic types. Now, here I see, in North America,
11 there may be something different. As I told you, the
12 patients, at least the patients I have seen, mostly
13 started, most of them started with marijuana, and I
14 think they are, here in North America, more like a
15 general sample among the population there.

16 THE CHAIRMAN: Any other questions of
17 Dr. Ellenberger? Thank you, Dr. Ellenberger, and
18 I call now on OPTAT represented by Dr. Andre Boudreault,
19 accompanied by Dr. Aime Raic.

20 Dr. Boudreault, could you kindly
21 explain the nature of your organization. It is familiar
22 to us because we -- through the letters of OPTAT, but
23 perhaps you could define -- give us more detail of your
24 organization.

25 DR. BOUDREAULT: First, I would like
26 to thank you for having called upon us to attend this
27 Commission of Inquiry. I apologize for not having
28 prepared any formal text, but I simply jotted down a
29 few notes. I will send you, as well as to your col-
30 leagues very shortly, a complete document of what we

wish to tell you.

We first intend to describe OPTAT, as you told us, by giving you an idea of the activities of OPTAT in the field of education, in the field of therapy, and as well as in drug research, all factors which you mentioned in your own report, and then, as you asked also, we will tell you of the few medical notions we have at the present time concerning sedatives, stimulants and hallucinogenic drugs, as shown in the report, and then a few of the conclusions which we have drawn from our observations.

First of all, OPTAT is the symbol for Operation Prevention de le Treatment Alcoholism et Toxicomame -- it is an organization for the Prevention of Alcoholism and other drug addictions. In the past it has dealt strictly with alcoholism problems but in the past two years, because of the state of panic which arose in our society that was faced with the problem of drugs, we have added an education therapy program; therapy program, a research program on drug addictions other than alcohol. OPTAT is a governmental organization; by this we mean that OPTAT is responsible to the Department of Health of Quebec Foundation. We receive subsidies both from the Department of Health and from agencies beyond the government circles. There are three different departments of OPTAT. A prevention department, one of research and one of treatment. The Health Department provides information to the public, educators, universities, so that they can train therapists in the field of alcoholism and other types of

1 drug addiction. The research department, of course,
2 tries to determine the incidence of alcoholism, drugs,
3 and surveys the reactions which result from the ingestion
4 of certain drugs, and then we have a third department,
5 which, at the present time, represents four hundred beds
6 in the Province of Quebec for alcoholics, and we have
7 converted a few beds to give them over to drug addicts.
8 Apart from these beds available, we have eleven out-
9 patient clinics, where we deal with youngsters who would
10 like to have more help in this area. To summarize, the
11 use of these departments -- we will summarize.

12 Regarding prevention, we have on a
13 regular basis, a publication known as Information
14 (in French) , and we will circulate a few of
15 these issues of this publication to you and your col-
16 league. These publications are given to all those who
17 so request them, mainly to the medical bodies, to the
18 social workers and groups who wish to have information
19 on this issue. We publish many articles on alcoholism
20 and drugs, one of which was recently published and
21 entitled, Information (Celebre) -- Information on Drugs,
22 and in this article we discussed various drugs that are
23 taken and their reaction.

24 In the field of education, we have
25 throughout the province, all sorts of conferences and
26 seminars. We educate people in schools, and I think
27 that Chief Gilbert spoke with you this morning about
28 the co-operation which existed between the constables
29 and OPTAT. Not, of course, to discover who is taking
30 drugs but to try to educate our young people and the

1 population at large. We also provide courses in the
2 main universities of Quebec at Laval and Montreal, in
3 schools of medicine and schools of social work, all
4 types of courses, and we also give some courses on
5 alcoholism which lasted during a whole month, and these
6 courses were given at the University of Sherbrooke and
7 they are for the use of professionals.

8 As we have observed, that even social
9 workers haven't had the opportunity during their training
10 to learn about drugs -- of course, as a physician I
11 remember the era when we were given five minutes in
12 courses in five years concerning alcoholism, and, of
13 course, this is not conducive to giving us an education
14 that would enable us to treat these people, and that is
15 why special courses have been presented in this area.

16 As regards to research, lately, and
17 you will have a report of the survey -- lately we con-
18 ducted a survey in Montreal in the English speaking and
19 French speaking milieu, to determine how many youngsters
20 are using drugs at the present time, what types are
21 used, their behaviour, their social strata, etc., etc.,
22 and you will be given a summary, you will be given a
23 summary of this report later on, sir.

24 We also have a scientific magazine
25 on drugs, a French publication which is directed to
26 Francophiles, a publication which appears every four
27 months. We have had the opportunity at OPTAT of being
28 called upon ^{by} / Official Medicale, which is the medical
29 bible, called upon this morning, to prepare a report
30 on the wording of drug addiction and neuroses. In the

1 field of therapy, earlier on I told you about all the
2 out-patient clinics which we have throughout the province.
3 Does this meet your expectation, Mr. Chairman, on what
4 is meant by OPTAT, on the word, and what is carried on
5 in the field of drugs?

6 THE CHAIRMAN: Yes, please continue.

7 DR. BOUDREAULT: You asked us --
8 medically speaking, we are now speaking of sedatives,
9 tranquillizers, and hallucinogenic drugs. The first
10 reply to this must reflect the ignorance of the medical
11 profession in this area. We have been carrying out
12 intensive, very intensive, research in this field to
13 better determine the effects of these products in the
14 past two years. We set up a committee at OPTAT, we
15 have forty-four full-time physicians, five full-time
16 psychiatrists, and several social workers and psycholo-
17 gists, and we have numerous committees who are doing
18 their utmost to determine the truth. What confuses our
19 knowledge somewhat is that there are too many independent
20 survey carried out rightly or wrongly, of these problems
21 with a doubtful, questionable, programs, and mass media
22 will publish, with great fanfare, statistics which are
23 not too related to truth. I am referring to those
24 statistics which have just been published in Quebec
25 very recently, indicating that 80% of youngsters from
26 the province of Quebec are using marijuana. Well, I
27 find that we should find a system here and -- relative
28 of this, and that is why we will show you that the
29 statistics which we will come up with are less alarming
30 than these other types of so-called statistics which are

1 flying about.

2 Now, as regards to sedatives, and I
3 refer to all the sedatives, because when you say medical
4 use of sedatives, well, of course, there is a so-called
5 control governing this, but there is too much publicity
6 carried out regarding certain analgesic drugs. I don't
7 mean to say that analgesics, and I am speaking of aspirin
8 and its other derivatives, are some products that can give
9 rise to great addictions, but, due to fantastic publicity
10 a pharmaco-mania is being created. We are living in an
11 era where pills are much more important than men. The
12 efforts men must employ to eliminate tension, and we
13 too often have recourse to pills, start going from
14 aspirin to other types of drugs which are much more
15 powerful. We cannot tolerate, when one is concerned
16 with the welfare of the nation, because we have a
17 local Aspirin Week on TV. Of course, we have a National
18 Cancer Week, I agree with this, or that we have a week
19 devoted to cardiovascular diseases, but that we are
20 spoken at during the whole week about aspirins, and if
21 we are convinced that we need greater and greater amounts
22 of aspirin because our pain threshold is high, well all
23 of this type of publicity leads us to the absorption of
24 industrial quantities of aspirins.

25 First, with this, I think the
26 medical profession and the pharmaceutical industry is
27 much too complacent. We prefer to send a patient a bag
28 of pills rather than giving him the advice he requires.
29 Of course, it is more profitable and it is more rapid.
30 We should, as rapidly as possible, and I think the

1 Canadian Medical Association spoke about this along
2 those lines, at least from what I read in the newspaper.
3 Anyway, we should do our utmost with the physicians and
4 pharmacists, be a bit more stringent and less complacent
5 in this area.

6 Now, you asked that we should speak
7 about stimulants. Well, we minimize to a great extent
8 the dangers of stimulants in our society, and by this I
9 mean the amphetamines: dexedrine and all the other
10 related drugs, especially in association with barbi-
11 turates such as dexedrine, etc. All of these drugs --
12 there is a very high tolerance towards these amphetamine
13 products, but the United Nations report, which you have
14 certainly read and which was certainly drawn to your
15 attention, a report which was very radical, has shown
16 that some may have fifteen milligrams, that is a
17 day, in order to have a stimulant effect, and
18 this, orally, so that there is only part of it
19 absorbed. And we heard of a young girl who consumed two
20 grams, that's not fifteen milligrams, intravenously,
21 and four times a day, without having any -- without
22 getting high. This does not necessarily apply to other
23 persons using amphetamines, but it leads to proof that
24 these stimulants create a very high degree of tolerance.
25 I would be very happy to see an inquiry, such as yours,
26 not only investigate marijuana, something we will speak
27 about later on, but investigate those drugs which are
28 actually used by students for non-medical purposes,
29 especially by automobile drivers, and which result in
30 concentration troubles, co-ordination troubles,

1 and very deleterious effects.

2 Now, tranquillizers. I think that
3 tranquillizers are presently being used for purposes
4 that don't need the therapeutic requirements of indi-
5 viduals. In the United States in 1967 a large amount of pres-
6 criptions for tranquillizers were written up. Well, this
7 is a very high cost to have to pay in society. I am
8 sure that there are other means to have social things,
9 other than have recourse to tranquillizers. We soon
10 forget that they have a potentiating effect with alcohol
11 and this gives rise to very disturbing effects. In the
12 present state of the art, we haven't of course, come up
13 with any physical dependence, but to use tranquillizers
14 in an uncontrolled manner at the present time would be
15 a very risky affair. We don't know what tranquillizers
16 lead to. However, one thing remains sure. If the popu-
17 lation continues ingesting tranquillizers rather than
18 settling their own emotions, we are going to be steri-
19 lizing the intellectual efforts of part of our population.
20 It is much better to develop one's will power, to develop
21 one's means of actions, to eliminate tension rather than
22 to forget the matter through tranquillizers. These
23 chemical comforts could be advantageously replaced by
24 a better society.

25 Now, the hallucinogenic drugs are a
26 very dangerous area, in which one must venture, since
27 you have asked us to. It goes without saying that it
28 is much easier to commend a product such as hallucino-
29 genics, than to try to establish its danger. When one
30 is to examine the danger of drugs such as hallucinogenics,

1 it is very dangerous, because even if the products have
2 been known for centuries -- now, I refer to marijuana
3 in particular or LSD, which have long since been known --
4 since there were illnesses/such as the gastric disorders
5 (in French) which resulted from the ingestion of con-
6 taminated, poisoned bread, but even if these products,
7 as I was saying, are known long since, what occurred with
8 certain products, was emphasis was put on the legal aspect
9 rather than the health aspect. It is only for some
10 short time now since we have been examining the products
11 from the health point of view. What confused various
12 surveys also, especially the surveys on marijuana and
13 hashish, is because they were carried out in North Africa
14 or in Asiatic countries, and in concentrations which are
15 not used in North America. What makes surveys even more
16 difficult is that there are -- there are many, many
17 young people who think they are using marijuana and who
18 really never really had any. I refer to this marijuana
19 plant of cannabis which is smoked, and I am referring
20 to the female plant which was impregnated and those
21 other indigenous plants which don't really contain
22 marijuana, and I also refer to those surveys which I
23 don't believe too much in because when these persons
24 talked to us of thousands of young people -- well, Mr.
25 Chairman, let me tell you of a story that is true. When
26 we prepared a pavilion on drugs at Expo; pot, LSD; of
27 course, LSD meant the science of drugs and pot meant
28 the taking in of toxicomanias, so when we set up this
29 pavilion so as to determine what the young people felt,
30 to know their opinions, I collected the twenty-seven

1 young persons who were drug users. I gathered them
2 because they were all in the same bag, and after three-
3 quarters of an hour of discussion I asked those youngsters,
4 "Which ones amongst you use drugs?", Out of twenty-seven,
5 twelve apparently replied, fifteen had already claimed
6 they had taken some, but they had really not. And the
7 twelve who were drug users, I asked, "What do you take?"
8 And a young girl stood up and said she was a heroin user,
9 she chewed heroin and this was certainly questionable
10 regarding the authenticity of the product, and, of course,
11 I stopped my investigation, so I would feel I would have
12 no audience left. All this to demonstrate that a problem
13 does exist, but it is less alarming than we seem to
14 believe, and, of course, many persons are deluded, many
15 persons think that they are doing something that they
16 are not really doing. All these things being said, what
17 is our knowledge of marijuana since we have to deal with
18 this one in the first place? Of course, we feel that
19 there is no physical dependence. We don't state it
20 positively because, in the field of science, to infer
21 such things is a bit premature, but all of the presumptions
22 and hypotheses seem to confirm at the present time, con-
23 firm that there is no physical dependence. Now, psycho-
24 logical dependence -- I don't find that this is a com-
25 ponent of the product, it is part of an atmosphere, an
26 ambience, because there are all kinds of psychological
27 dependences, to TV, to other non-medical products, so
28 that there is a psychological dependence. By this we
29 mean that the user wants to continue using it because
30 of the mood. It is said that marijuana doesn't give rise

1 to any adverse effects. Well, this we highly question,
2 Mr. Chairman. There is a very serious survey published
3 in the American Journal of Psychiatry, issue of Septem-
4 ber '68, and a study where physicians from Los Angeles
5 in particular, researchers wrote to physicians, psychi-
6 atrists, internists, to general practitioners, asking
7 them if, "In the eighteen past months, have you had
8 patients who came to you due to deleterious effects
9 arising from the use of certain products?" And without
10 inferring anything, but for your own reflection, Mr.
11 Chairman, let me quote the figures that were published
12 regarding these adverse effects. LSD: 2,389 adverse
13 reactions; marijuana: 1,887; 21 adverse reactions to
14 peyote; DMT: 101; DET: 90; and I won't pursue this list
15 because it will be an integral part of our report. I
16 don't wish to conclude, Mr. Chairman, I am simply quoting
17 figures, but the author of this article, who was a
18 physician, who was a psychiatrist, there were four co-
19 authors; underlined the fact that, and I will read it
20 to you in English. Perhaps you will understand -- my
21 English, rather than you would my French.

22 THE CHAIRMAN: You flatter me.

23 DR. BOUDREAULT:

24
25 "Many people feel that adverse reactions to
26 marijuana are relatively uncommon, but 1,887 adverse
27 reactions to marijuana reported in this study tend to
28 contradict the opinion that it is an innocuous drug."

29 The author repeats this, but we feel
30 there are many changes that should be made facing this

1 product, but we feel that proof is absolutely necessary,
2 that it is absolutely essential - - -

3 (witness inaudible)

4 MR. STEIN: Is there any mention by
5 the author, or the four authors, take to
6 be adverse? Could you describe it?

7 DR. BOUDREAULT: Yes. When we speak
8 of an adverse reaction, or effect, as described in the
9 article -- unfortunately, unfortunately in this article,
10 and this is its advice, the article bears on the adverse
11 effects of LSD. That is why he describes the LSD adverse
12 effects, but when he speaks of marijuana he simply
13 quotes the number of patients who were referred by the
14 patients, for adverse reactions. And the author at the
15 end says that we now have to write an article to examine
16 in depth the marijuana adverse reactions, and as you,
17 I would like to know what it is all about. I specified
18 that I am simply presenting this to you for your own
19 purposes, but the importance of this document should not
20 escape your attention.

21 Now, what is often -- what we often
22 discover as an adverse reaction to marijuana, not as
23 described in this article, but those we witnessed our-
24 selves in treating marijuana users, and those which
25 literature conveyed to you was because our education is
26 much more theoretical than practical at the present time
27 because we are in a very new field, but one has often
28 discovered, as far as physical disorders are concerned,
29 well, they are practically nil. When we speak of
30 conjunctivitis or anything else, well, this is due to the

1 smoke that is ingested, be it smoke from cigarettes
2 or marijuana. But what is impressive are the personality
3 changes which we noticed in marijuana smokers. There is
4 a state of apathy, which everyone knows as being a
5 temporary personality change, and a decrease in the toler-
6 ance to frustration, a decrease in the powers of concen-
7 tration in the smokers, a decrease in the long term
8 actions that a person can take, and a great decrease in
9 the art of communication in certain patients. And some
10 of these smokers concentrate very hard on the present,
11 but at the detriment of the future or the projection
12 making. There is subjective creativity, but very
13 little objective creativity. The psychological depend-
14 ency regarding marijuana has not been illustrated to
15 hashish yet, but there is a survey which is stressed in
16 this survey, another survey, published in the American
17 Journal of Psychiatry which shows
18 that 60% of hashish users would like to get rid of their
19 habit. In other words, don't use habit in the meaning
20 of habituation, but I mean use, the use of hashish.

21 PROFESSOR BERTRAND: Dr. Boudreault,
22 may I interrupt you to ask you how you distinguish
23 between objective and subjective creativity?

24 DR. BOUDREAUULT: Well, subjective
25 we think
26 creativity is what we can do and objective creativity
27 is what we can do.

27 PROFESSOR BERTRAND: Is your proposi-
28 tion to the effect that marijuana can perhaps increase
29 the first but leaves the second a bit---

30 DR. BOUDREAUULT: Well, there is no

1 doubt as far as the first is concerned. When one smokes
2 marijuana, and marijuana is another hallucogenic drug, that
3 is why we increase subjective creativity, but in reality
4 surveys lead us to believe that objective creativity is
5 by far decreased.

6 PROFESSOR BERTRAND: Has this been
7 measured in an empirical manner in the field of the
8 creation of works of art, etc.

9 DR. BOUDREAULT: Well, a hallucinogenic
10 drug deforms reality. If we had to base ourselves on
11 that we would define creativity, but there is this study
12 that everyone knows of. We asked five painters to work
13 without drugs, and under the influence of drugs -- of
14 course, this was not a perfect study, but under the in-
15 fluence of drugs these painters thought that they had
16 come up with fantastic things, but when they were no
17 longer under the influence of drugs they were not
18 productive. Then there is a psychiatric survey on the
19 effects of creativity which tend to under -- to show
20 exactly the same thing. I will provide copies of all
21 these articles.

22 When we speak of the relationship
23 between marijuana and the commission of crimes, I don't
24 think that there is any. Of course, if we were to go
25 a bit further, you could say it even decreases the
26 commission of crimes because, if when we are passive,
27 we don't struggle, but some persons want peace to such
28 an extent that they are ready to fight. That is why
29 many wars were created by ardent pacifists.

30 There are recurrent cases mentioned in

1 literature of persons who had used marijuana and who
2 re-experimented after some interval without ingesting
3 marijuana at all, and thus marijuana leads to other
4 toxicomanias. After having heard what I heard earlier
5 on, I don't -- won't go into this. I don't intend to
6 be transitive however. On the one hand we know that if
7 we read the history of famous drug addicts who started
8 using marijuana such as the drug addicts in the street,
9 this has not confirmed the fact that marijuana necessarily
10 leads to heroin. But we shouldn't forget that marijuana
11 may open the door to LSD, to hashish, and no one will
12 contest the fact that there are cases -- don't ask me
13 to quote statistics, I don't have any.

14 MR. STEIN: Could I ask you, not on
15 this question, what is the basis of your view -- going
16 back a moment to the question of the social characteris-
17 tics that you have given us.

18 DR. BOUDREAULT: Psychological charac-
19 teristics.

20 MR. STEIN: Psychological. Is this
21 based on your survey of literature or on the basis of
22 the clientele that come to your treatment agency.

23 DR. BOUDREAULT: What I am telling
24 you regarding the personality changes of marijuana
25 users, is based of course, on a few factual cases which
26 came to us, but they are based on the scientific litera-
27 ture which is made available to us, and I mentioned at
28 the inception, and I will mention this again, that at
29 the present time, in our objectivity, we are not
30 against marijuana; our goal is to determine the truth.

1 That is why we set up a team composed of five psychia-
2 trists and myself, we are six, and in an ongoing process
3 we meet in order to collect literature available on this
4 and to make summaries, etc. etc. Why? Because we want
5 to seek truth, without passion, without emotionalism;
6 there is too much emotionalism around marijuana. We are
7 in a scientific field, let us not forget, and it is very
8 easy to promote marijuana, simply use it twice and then
9 we'll want to promote it, but it is very difficult to
10 know the truths around marijuana addicts. Under the
11 present state, as I said earlier on, any scientist who
12 comes up with categorical statistics, either for or
13 against, well, I would like to know what formulae he
14 has used to come up with figures of that sort. With the
15 risk involved, we can neither be for or
16 against, we must simply let them get their data and make
17 conclusions.

18 MR. STEIN: The reason I asked was
19 that the description of these psychological characteris-
20 tics was -- I think you would agree that it was charac-
21 terized by fairly negative kinds of descriptive terms.
22 I don't want to repeat them again. Now, what I am
23 wondering is, have you in the course of your experience
24 as an organization, had only these kinds of psychological
25 characteristics evident in the persons that use marijuana
26 brought to your attention? Were there no instances where
27 persons were capable of long term planning or capable
28 of communicating or -- I mean, I'm using the characteris-
29 tics -- you stated it fairly categorically.

30 DR. BOUDREAULT: I said they thought

1 they were able, but whether they are able or not I don't
2 know. But I don't think that they were able. But I am
3 convinced that they thought they were able to come up
4 with long term accomplishments. I can't see how a man
5 needs an external agent in order to think. We have
6 within us everything we require as far as our personality
7 is concerned. Our personality permits us to plan. But
8 if a person needs psychological crutches on a constant
9 basis to function, on a constant basis, fine, but don't
10 make me believe that this is -- it is much better for
11 one to function on his own skills than with chemical
12 aids no matter what they are. I not only talk about
13 marijuana, but any artificial aid which seeks to help a
14 normal human being. When I haven't a broken leg I don't
15 need to use crutches, you see.

16 MR. CAMPBELL: Dr. Boudreault, I
17 noticed a phenomenon somewhat similar to the one you
18 mention, but in the area of the capacity of the individual
19 to synthesize. I found that people who used marijuana
20 intensively in a term of four to six weeks seemed im-
21 mediately after this to be less able to synthesize
22 material, but this was a short-lived effect of perhaps
23 another six or eight weeks. I was wondering, does your
24 data show that this is a continuing lowering of capacity
25 or a short one, phenomenon?

26 DR. BOUDREAUULT: Well, Mr. Campbell,
27 I allude to someone, who we can't name of course, but
28 with whom psychiatrists and I had very lengthy inter-
29 views. Let us imagine we have a chap
30 who used marijuana for a long time and who experimented

1 with LSD over a long period of time, and who has gotten
2 rid of his problems, and you have a chap who still
3 intensely thinks that he has a great deal of difficulty
4 exteriorizing what he thinks, expressing himself.
5 Apparently the language cannot respond to his mind
6 rapidly enough and this is a handicap that has been going
7 on for several months and this same person has told us
8 that. He is an artist, but he is no longer able to
9 achieve as he could in the past. In the past he achieved
10 very well. Under the effect of marijuana he was persuaded
11 that he increased his performance and his yield. But at
12 the same time he wishes to work, he has ideas, but he
13 cannot exteriorize them. Based on this, if we wanted
14 to theorize it, it would be ridiculous, but I told you
15 what my intent was, to provide facts to you, the facts
16 I know, but not the rest -- of course, if you want the
17 other things you could try, but I won't. Even if we
18 have to try to confess our ignorance at certain times.

19 DR. LEHMANN: The man you refer to
20 and whom you saw and whom you treated, or whom you are
21 still treating, if he were to continue using marijuana,
22 could he go back to his previous production level or has
23 he been hindered?

24 DR. BOUDREAULT: Well, I wouldn't say
25 that he has been definitely damaged. His present con-
26 dition is similar to a person who has come out of a long
27 state of apathy or who has come out of a state of tran-
28 quility -- for example, a person who would have to be
29 anaesthetized by ether or any other drugs, this person
30 cannot resume his normal faculties for some time after-

1 wards, and that is why today we are against that type
2 of anaesthesia, anaesthesia which should be replaced by
3 local anaesthetics. But now, you asked me if the chap
4 were to use some more and if he would get better. Well,
5 this is hypothetical. I don't know. If you want my
6 opinion, I don't think so.

7 DR. LEHMANN: You haven't seen in-
8 dividuals who use marijuana and who normally produce?
9 You have seen only those persons who have failed?

10 DR. BOUDREAULT: No, not necessarily.
11 You are interpreting what I am saying. We deal with
12 persons who consult us, but in trying to understand the
13 problem, we talk more and more to users, occasional users,
14 and it is very difficult to diagnose specifically, the
15 diagnostic state of a given individual.

16 MR. CAMPBELL: Dr. Boudreault, I would
17 like to come back to a remark you made earlier concerning
18 the incidence of drug use. I wonder if you have com-
19 parative data on the kind of drug use in the English
20 language and French language sectors. What lies behind
21 this question is simply this. I have been rather struck
22 with the fact that in Quebec, the
23 English Canadian young person is often very much more
24 alienated from the institutions of his society than I
25 think is the case with the French Canadian young person.
26 The French Canadian young person seems to believe that
27 the state, the institutions are worth seizing hold of
28 and doing something with. Now, I wonder if this reflects,
29 -- here obviously, I am over generalizing -- if this
30 reflects an attitude to society that might find an

1 expression in the propensity or the tendency of the
2 young person to find the drug experience a useful or
3 a meaningful experience to him. I would much appreciate
4 your comment.

5 DR. BOUDREAU: Well, I will answer
6 the first part of your question, and the second part of
7 the question requires an interpretation, and I will try
8 not to draw too much of a categorical conclusion. I was
9 going to speak about this survey later on, but I will
10 speak about it now. It was on 4,001 youngsters from
11 Grade 8, Grade 10, Grade 12 and Grade 13, and based on
12 the, oh, the proportion of English and French being
13 equal, if I heard correctly, there was exactly the same
14 amount of percentage of English speaking and French
15 speaking elements, and the products used were alcohol,
16 tobacco, tranquillizers, stimulants, marijuana, glue
17 and solvents, barbiturates, LSD, and the other hallucino-
18 genic drugs and the opiates. I will also hand in this
19 document, which is quite voluminous.

20 Now, in alcoholism, you have the
21 Anglo-Protestants, you had 54.3 who take alcohol,
22 Anglo-Catholic, 48.1, and Franco-Catholic, 46.8. That
23 is for alcoholism. In the Anglo-Protestants there is
24 a difference of 54 to 46 in Franco-Catholics. Now, with
25 regards to tobacco, the figures are reversed, 39 Anglo-
26 Protestants, 36% Anglo-Catholic, and 49.9 Franco-
27 Catholic, which confirms the fact that Ottawa's propo-
28 ganda doesn't reach the French speaking component of
29 our society. Why we should have a bilingual propoganda
30 then, this is what we need to interpret statistics.

Tranquillizers, now. Tranquillizers in the Anglo-Protestant milieu, 5% of those who were questioned used tranquillizers. In the Anglo-Protestant milieu, 5.5%, and Anglo-Catholic, 8.1% and Franco-Catholics, 8.1.

MR. CAMPBELL: We could read it.

DR. BOUDREAULT: You will read it on your own, fine. Now, as regards my observations regarding the causes of all this, well, of course, we keep ourselves in this report, from making too many broad statements. Contestation and protests, and other movements may contradict us, but, anyway, personally I haven't the skill or the providency to provide answers to all these, and there are five sociologists working

1 full-time and I don't think that at the present time
2 we can still make relationships to this and what you
3 mentioned earlier on.

4 Now, to conclude with marijuana, there
5 is another document which I will file with the rest,
6 ("Through Modern Medicine"). I don't know if we spoke to
7 you about this publication. It's a publication sent to
8 all physicians in the United States and in Canada, that's
9 20,500 physicians, and this magazine asks physicians
10 whether they were for or against the legalization of
11 marijuana, and the replies, 85.2% of the physicians
12 against 14.8% spoke against the legalization practically
13 of marijuana.

14 DR. LEHMANN: When was this question-
15 naire sent?

16 DR. BOUDREAU: Oh, it was published
17 anyway, a few days ago. It was sent in July.

18 PROFESSOR BERTRAND: Did you say
19 legislation or legalization?

20 DR. BOUDREAU: Yes, the interpreter
21 had corrected the speaker who said that, legalization --
22 well, it is an argument in favour of caution.

23 LSD: Since you are dealing with LSD
24 in your inquiry, well, LSD once again -- the dangers
25 of the latter have been minimized to a great degree,
26 and without making too many comments, I should like to
27 refer you to the adverse reactions of LSD. In an
28 article published by someone whom you certainly met,
29 Dr. Smart, from the Research Foundation of some kind;
30 do you wish me to get the name of that Foundation?

1 This document has been referred to members of the
2 inquiry. It is, of course, the medical aspect of the
3 problem and then there is a social aspect of the
4 problem, of the drug use for non-medical purposes. We
5 should mention that curiosity is the first factor which
6 leads youngsters to use these products, and in the
7 questionnaires used we saw to what extent youngsters
8 were unaware of the dangerous effects of the products
9 they used, and I should like to mention a fact of ut-
10 most importance. When we speak of drugs, drugs used
11 for non-medical purposes, this -- we always speak of
12 youngsters, but actually, all that is said about this
13 should also apply to adults. I deplore the fact that
14 there aren't more adults here. There are many young
15 people, I am glad to see them here, because at the
16 present time, our society is using a fabulous amount of
17 pills and drugs for non-medical purposes, and this
18 should also be the object of a Royal Commission such
19 as yours.

20 Now, today, we react by making use
21 of drugs and since I dealt with alcoholism for some
22 time now, I will always remember those phone calls made
23 to us by women who spoke of their alcoholic problems.
24 They didn't come to us and say, "Doctor, can you help
25 us, rehabilitate our husbands", but they say, "Don't you
26 have a pill that I could put in my husband's coffee that
27 could cure him?" We are in an era where we believe in
28 the magical effects of pills rather than in the personal
29 efforts that one must make, and this applies to the
30 youngsters and to the adult world, even though artificial

1 paradises that are being had in our society prevent us
2 from achieving more natural types of paradises. Well,
3 the Commission has spoken -- if it is interested in the
4 economic aspects of the problem, well, I think, under
5 this heading we should mention the underworld or the
6 black market which, of course, are benefiting from the
7 grave state of our legislation, and if it is true that
8 marijuana creates a state of passivity, I don't think
9 that the latter, if it occurs too often, is an economic
10 advantage for society. I think that youngsters in the
11 full state of development at an age when they should
12 learn as many things as possible, to lead a life that
13 would be very difficult and demanding, a life that would
14 ask from today's youth much more than from us, because
15 of its highly automated, highly electronic world, I am
16 wondering, without speaking of the physical effects of
17 drugs, I am wondering if four times -- four hours a day
18 to twice a week, who are in a state of passivity, I am
19 wondering if this is an advantage for tomorrow's society,
20 both on the level of education and economic level. I
21 am not dreaming, Mr. Chairman, I am not being emotional
22 about this, I am stating this as a physician who has
23 worked actively for the past thirteen years in the --
24 in the area of alcoholism, and I am speaking also as
25 a father of seven, who seriously questions himself on
26 future for youths who don't balance their states of
27 emotion and their states of production. I should also
28 like to produce these facts to your Commission.

29 It's not important enough to discuss
30 whether marijuana leads to heroin, it's much more im-

1 | portant to determine what the uses of all these drugs
2 | are -- this is not normal. There is not only theoretical
3 | knowledge in life, there is a knowledge of the obstacles
4 | of life and this is the best type of knowledge we can
5 | obtain.

6 | Now, regarding education instruction.
7 | Youngsters in particular, and we must pay tribute to
8 | the youngsters, they are very avid for information, very
9 | much so. The pavilion we had at Man and His World, it
10 | is interesting to what extent youth's thirst for
11 | knowledge is. There were thousands and thousands that
12 | came to our pavilion and we had lengthy waiting lists,
13 | but requests for information were sent in the thousands
14 | at OPTAT, and show us how youngsters are avid for in-
15 | formation. And as well as teachers -- we had a marvellous
16 | experience in Quebec recently. Six hundred professors
17 | spent ten hours studying drug problems, in two hour
18 | sessions. They want to seek the truth, they want to
19 | know how to reply to questions, and they don't want to
20 | be strictly and purely emotional, and negative in their
21 | outlook.

22 | But, if on the one hand you have this
23 | research by the scientific world to find possible
24 | elements, well, the young people must also start con-
25 | sidering the problem of drugs as far as their own use
26 | is concerned, but we will have to really attempt to
27 | discover the true effects of these drugs.

28 | From the statistical point of view,
29 | well, let's say we will include all these statistics in
30 | our report, but I simply mention the fact that, and this

1 is not a fact that can lead us to lengthy conclusions,
2 but one which leads to reflection, youngsters so far
3 as their scholastic performance is concerned, those who
4 have more than 75% performance in their school, 75% use
5 them, but in the 50% category, apparently, only 21.4%
6 use drugs. We can't draw too many conclusions from
7 this type of figure, but enough to lead us to adopt
8 new attitudes regarding legislation, mainly, laws
9 governing the use of marijuana. We, at OPTAT, go along
10 with the fact that marijuana is classed with the nar-
11 cotics and if we wanted to speak of the dangers of
12 marijuana. Well, the greatest danger is the law, be it
13 physical or psychological. The legislator must examine
14 this problem, and the marijuana smoker should not feel
15 guilty for the rest of his days, or be restricted by a
16 criminal record for the rest of his life; since these
17 laws were passed at a time when no one smoked marijuana.
18 That is why we need new laws.

19 Of course, at the present time we are
20 not in favour of legalized marijuana markets. Prudence
21 teaches us that there are still many studies to be under-
22 taken in the field. We hope that these surveys will
23 come up with positive results, since we have just isolated
24 various components of THC. We have some difficulty in
25 believing the Minister of Health in Ottawa. He said
26 that we -- he would provide marijuana for study purposes.
27 We don't think that professional ethics could enable us
28 to carry out studies of that kind. We can, of course,
29 note the physio -- the psychological effects of mari-
30 juana, as well as the physical effects, and I find that

1 surveys using animals will enable us to come up with
2 results.

3 Well, Mr. Chairman, in passing and in
4 all sincerity, we feel that newspapers publish too many
5 statements regarding statements made by your own in-
6 quiry. We feel that you should be more discreet, at
7 least in your observations to the mass media. It more
8 or less confuses the issue to hear or read statements to
9 the effect that -- for example, I read a few days ago
10 that the Minister of Health is in favour of the legal-
11 ization of pot or thereabouts, and that human beings will
12 serve for studies, etc., etc. This is a very personal
13 opinion which only permits Dr. Boudreault, yours truly,
14 but it will be fortunate for mass media to publish what
15 is being said here, but not regarding the intent of the
16 members of your inquiry. Now, the conclusions. Do you
17 want to hear the conclusions?

18 The conclusions which are necessary:
19 educate the public to a greater extent, an education
20 which does not give rise to panic, an education which
21 brings about reflection, not large crusades, neither
22 for or against, but mainly thought and more thought.
23 We have to promote research, as I have mentioned earlier
24 on. We have to set up out-patient clinics, set up out-
25 patient clinics and facilities so as to welcome young
26 people, and finally, the possibility of making pres-
27 criptions for physicians and the pharmacists should be
28 much more stringent, and finally, we have to revise our
29 laws.

30 THE CHAIRMAN: Thank you, very much,

1 Doctor.

2 We will now call on the members of
3 the faculty of Sir George Williams University, Professor
4 Taylor Buckner, Department of Sociology; Professor
5 Joseph Mouledoux; Professor Carter. I don't know
6 whether they wish to come here together or be heard
7 separately.

8 THE PUBLIC: How late is the session
9 going to run?

10 THE CHAIRMAN: Well, I think we will
11 have to adjourn it at five, but we will continue tomorrow
12 morning.

13 Is that Doctor Spector?

14 THE PUBLIC: I said will that prevent
15 me from speaking? I don't know---

16 THE CHAIRMAN: I'm sorry, I don't
17 know your name.

18 DR. SPECTOR: Dr. Spector.

19 THE CHAIRMAN: No, I don't think it
20 should, no.

21 Professor Mouledoux?

22 PROFESSOR MOULEDOUX: Yes.

23 THE PUBLIC: Sir, I would just like
24 to make a couple of comments about what the Doctor was
25 saying. First of all, I would like to say that he was
26 talking about -- that marijuana was made illegal at a
27 time when hardly anyone was smoking it, and I would like
28 to, you know, like, challenge that statement, and say
29 that marijuana was made illegal -- I don't know about
30 the laws in Canada, but I know in the United States in

1 1937 it was considered part of Negro and Puerto Rican
2 heritage to smoke marijuana, and I strongly feel,
3 personally, that this could -- that this was a large
4 part in making it illegal. This was considered part --
5 like this underworld element, the Negroes and Puerto
6 Ricans, and the criminals, and they were all put into
7 this same, you know, about the second ---. And
8 another -- and I would like to make -- about what the
9 Doctor was talking about when he was saying that mari-
10 juana creates passivity, and ruin the economy and things
11 like that. And this is the same thing that he was talking
12 about in the marijuana, that has created, that the drugs
13 have created a subculture, an entire subculture throughout
14 the whole world in revolutionized fields in art, and
15 have brought about fantastic -- like groups, colonies,
16 and they already have -- as you have said before, very
17 efficient chemical people who have been manufacturing
18 these things. And I just wanted to point out that it is
19 not going to ruin the economy as the people from McGill
20 were saying before -- that the Doctor was talking about,
21 how this creates apathy and this could screw up studies
22 and things, that a large majority of the people in
23 McGill University and a lot of other schools who are,
24 on a provincial basis, doing rather well, and are goal
25 orientated, by the use of drugs.

26 PROFESSOR MOULEDOUX: The last speaker
27 must have been reading from my brief because there are
28 some things that are in that. I would have to preface
29 my remarks and I would like to state that I'm going to
30 summarize my remarks, or cut out quite a bit because I

1 have already submitted them in written form, and true,
2 it is getting quite late. But I would like to preface
3 my remarks by saying I will not raise empirical questions
4 concerning the effects of drug use. Such questions are--
5 and these are fundamental questions on the effects of,
6 let's say marijuana, on the human mind and body, are
7 questions that are hotly disputed today. You gentleman
8 would certainly be aware of that. The fact that they
9 are disputed should lead you to a line of inquiry con-
10 cerning the nature of the research and concerning the
11 interpretation of the research. May I say that it's
12 very, very difficult to find good research in the area
13 of drug use. Just this week, the New York Times,
14 November 4th, 1969, has come out with a little article,
15 study done by John Hopkins, of Marijuana Personality
16 Leak Valve. The study is based on 72 undergraduates
17 from John Hopkins and 72 from (Lehi) University, and in
18 this piece of research they used the California persona-
19 lity inventory scale and they came up with a finding
20 that contradicts other findings such as the Ausubel
21 finding in 1958. In this finding, marijuana smokers
22 are typically self-confident, socially poised, skilled
23 in inter-personal relations, and they also found in 1958
24 that marijuana smokers were aggressive, retroactive
25 psychopathic types and so on. One has to be extremely
26 sceptical about the research, the instruments used --
27 I recall, I worked in a penitentiary for four years,
28 I used to give the Minnesota multi-phasic personal
29 inventory to every inmate who came in. The young men
30 who came in and saw me sitting there with my books

1 behind me, and my record player; I would ask them a
2 question -- some of the questions I have forgotten, but
3 they were all on this line, "Would you prefer to play
4 baseball or listen to good music?" And they would look
5 at me and look at my record player and say, "Good music".
6 Unfortunately, they didn't know that that was giving
7 them a high score on the feminine dimension of masculine-
8 feminine scale, and most of them came out as queers by
9 their reaction to the instrument. Now, furthermore, we
10 have to say -- I would suggest that you study this
11 research extremely carefully, extremely carefully before
12 you accept the findings. Then, when you have a finding,
13 let's say that we have a finding that we can agree upon,
14 let us say that we have a finding that marijuana does
15 create a quote, unquote -- I have to use this word, let
16 us use it without any kind of connotations, "depressant"
17 state, as Professor Buckner was just explaining to me
18 a few minutes ago. A depressant state might be simply
19 something in which you increase your quietude, ability
20 to listen, rather than your ability to act overtly.
21 In this day and age, when people seldom listen to one
22 another, that might be an advantage over the other
23 factors, namely acting up, and some of the people are
24 always acting. And let us agree upon another finding,
25 which I don't think we can agree upon, but just for
26 discussion's sake, to find out the interpretation, how
27 one uses the data; let's say that -- we say that mari-
28 juana does predispose a person towards "psychotic
29 episodes", quote, unquote. Are psychotic episodes, in
30 themselves, bad? This is a tremendous ideological

1 question, and the interpretation reflects something
2 extremely important about the scientist who makes the
3 interpretation. I wanted therefore, given the limitations
4 of the data and given the vast implications of inter-
5 pretation, I wanted to angle in on another focus. I
6 want to angle in on something that is quite broad and
7 -- quite broad historical and social picture, if I may,
8 and I will repeat myself. Marijuana, as we know, has
9 been on the American continent for quite some time.
10 There is evidence that it was here in colonial times, but
11 its use as a drug seems to be quite recent, extending
12 back to the second or third decade of the twentieth
13 century. It is not fairly well accepted, but marijuana
14 has been accepted into the United States by Mexican
15 labourers and also by people of the Caribbean, possibly
16 as early as the first decade of the twentieth century,
17 it seems to have established its first roots in slum
18 jazz musician culture of New Orleans where I was born
19 and reared. From this base it extended out into
20 the lower class population and was used by those lower
21 class individuals who might be considered to be on the
22 periphery of society or who compose the so-called, quote,
23 unquote, "underworld". That is, it was used by jazz
24 musicians, night club entertainers, such as stripteasers,
25 bar tenders, waiters, and others who participated in the
26 New Orleans night life. I have personal recollections
27 of these beginnings because as a youth, we were aware
28 of marijuana smokers, we used to call them "muggle-heads".
29 I recall being ten or eleven years old, hollering, "Yeah,
30 yeah, yeah, muggle-head, muggle-head." Guys who were

1 marijuana smokers. There was a penalty of thirty days
2 or so, to six months, at that particular time, but it
3 was seldom enforced. From these lowly beginnings, mari-
4 juana has spread throughout the North American continent
5 to establish itself firmly in youth culture today,
6 particularly, I think, in middle class WASP culture,
7 as well as lower class culture, but that seems to be
8 going on to other than marijuana usage, and also the
9 adults, if we can accept the recent reports that we
10 get out of the States. One might correctly say that
11 marijuana has spread contemporaneously with the spread
12 of jazz and that what we are experiencing is a social
13 class phenomenon. Now, this is quite obviously correct,
14 and I think this says quite a bit about the social
15 change that is going on in our society. I think it
16 fails to provide us with any understanding of why such
17 a life-style has become so popular. The answer to this
18 in my view is quite complex and some of the things I
19 am going to say, given my preface, might say, "Ah, he's
20 let us down", but in the long run I might not. I think
21 it is possible to discuss this problem of drug use
22 among youth, by taking a very historical broad perspec-
23 tive, a perspective that sees in western culture
24 there have been two main themes, and this is an over-
25 simplification, two main themes that have continued in
26 a very complex way over eccentrics. One is a theme
27 in which individuals have attempted to be, quote, unquote,
28 "rationalistic," and that is a very, very bad term, and
29 the other has been a theme of other than rationalism
30 or anti-rationalism. Now, one possibly, is a theme in

1 which man attempts to gain an understanding of himself,
2 the realities in which he lives by a concrete involvement
3 in the world about him, by a full accumulation of know-
4 ledge through this involvement, and therefore generational
5 experiences are each additions of the past, intellectual
6 authorities of the past and so forth and so on are con-
7 sidered to be of value and are considered to be essential
8 for the construction of let's say, a solid personality,
9 and some type of concrete understanding of themselves
10 and the world. Now, one can say that (Santa Anna) has
11 captured the spirit and the fear of this perspective,
12 this rationalistic culture, when he warned us that each
13 generation resides one step away from barbarism, a thing
14 that is quite clear in "The Lord of the Flies". In
15 contrast there is a non-traditional or non-rationalistic
16 culture, which is sometimes one mistaken and referred
17 to as a culture of the masses. Now, this particular
18 view which goes back -- this particular theme which
19 (Heinz Jonas) identifies, goes way back, is a view that
20 says, that focuses on, that has a preoccupation with a
21 theme of the unique inner self, and attempts to under-
22 stand the private -- that which is private to the in-
23 dividual in a spirit transcends the world about him,
24 traditions, the past, and so forth and so on. This
25 preoccupation with the unique inner self does at times
26 take an expression in the form of the sway to power
27 which has replaced reason, and the need to act, which
28 has replaced power of concentration, power itself, which
29 has replaced knowledge.

30 Now, today, I think that one or two

1 of these themes emerges in western society, depending
2 upon the vitality and viability of western society.
3 In times prior, western society has been "healty and
4 creative". The so-called rationalistic view has emerged
5 and periods of crises as, for example, following the
6 decline of the Greek world, the periods of seeking to
7 resolve human problems through a search within the inner
8 self has emerged.

9 Many of you may not know it, but the
10 cynics who emerged at the period following the decline
11 of the Greek Empire, were people who flaunted convention,
12 dressed in outlandish garb, defecated on the street,
13 fornicated on the street, and so forth and so on, to
14 prove to everyone and to themselves that the inner self
15 is more important than tradition, society and social
16 order and so forth.

17 Now what has happened though, that
18 seemingly, every one of these periods in which this
19 a-rational or non-rational theme has emerged, and has
20 become a temporary preoccupation of people, a re-vitali-
21 zation of western culture has come out of that. For
22 example, the historic belief of equality of man, natural
23 rights, national man, all are based on the cynics' search
24 for the inner self.

25 Today, I say that western man is in
26 a period of crises. One can date this crisis as the
27 middle of the twentieth century, with the discreditation
28 of science and intellectual professions in general
29 because of their identification with science, and a loss
30 of belief in the tenets of secular religion that science



1 has become, and it has become the New Religion. From
2 this perspective the rebellion of the contemporary youth
3 and all of its manifestations including drug use, reflects
4 a crisis of faith which has most recently emerged. The
5 old meanings that were based on the scientific enterprise
6 have been lost and youth are in search of new meanings.
7 That is essentially the view put forward by Paul Goodman
8 in an article entitled, "The New Reformation" in the
9 New York Times in 1969. To quote Goodman, "There is a
10 loss of faith in science. Science has not produced the
11 general happiness that people expected and now it has
12 fallen under the sway of greed and power". . Whatever its
13 beneficent past, people fear that its further progress
14 will do more harm than good and that rationality itself,
15 that is, scientific rationality is discredited. Probably
16 it is more significant than we would like to think, that
17 intelligent young people dabble in astrology, witchcraft,
18 psychedelic dreams, and whatever else is despised by
19 science. Goodman's thesis is valid, but I think one
20 can go beyond Goodman. Goodman's position is that the
21 loss of faith in science is due to its perversion and
22 degeneration, the implication being that had science
23 remained true to its origins, it would have provided
24 general happiness for all and built a healthy society
25 and the contemporary conditions of alienation would
26 not prevail. One could question both the thesis, I will
27 say that it is limited, and introduce an alternative
28 perspective by opening and broadening the scope of
29 inquiry by (inaudible) -- this date has no
30 precise year, rather it is characterized by a couple of

1 social developments. First, it is what C. B. MacPherson
2 calls -- the rise of what C. B. MacPherson calls,
3 "possessive individualism" which contains the notion
4 that each individual is potentially autonomous. Now,
5 what makes man truly human is freedom from the words
6 of Otto, that this kind of freedom, from the words of
7 Otto, is to control the use and consumption of this
8 view of the privacy of the autonomous individual, which
9 individual is controlled by -- all right, prove it
10 sometime here -- this is controlled by possessions.
11 Let me go on.

12 I believe, and to briefly state, I
13 believe the notion of "possessive individualism" plus
14 the faith in science, which means to act, which action
15 is to be judged in terms of its short run consequences
16 are two of the primary characteristics among modern
17 society. We have faith in these two things. Faith
18 has brought about a society which is quite unacceptable
19 to many people. Science, instead of creating happiness,
20 has polluted the world. Possessive individualism has
21 created a focus on -- that is quite restricted, each
22 person is concerned with his own private life-span, which
23 is only sixty or seventy years, and so forth. Youth
24 are beginning to challenge these basic tenets, and they
25 are about to challenge the adult world in a very concrete
26 way. One of the ways of doing it is by -- one of the
27 ways of doing it is by accepting the premises of the
28 adult world and see if the adult world is willing to
29 look -- to live up to its premises. For example, in
30 the area of law, one of the basic premises of our con-

1 temporary western society is to -- is taken from John
2 Stuart Mills, that no one should be punished for behaviour
3 which does not do injury to anyone else. This is why
4 we have change or are beginning to change the laws
5 on homosexuality. Drug use, which does injury to no one,
6 -- if it does injury at all -- to no one but the indi-
7 vidual who takes it, yet is a direct confrontation with
8 a basic assumption underlining this particular inter-
9 pretation of law. That is one way of challenging it.

10 Furthermore, if you -- another im-
11 portant thing of drug use, is that if you create a
12 society in which decision making is done on the basis
13 of scientific rationality, then young people are not
14 afforded a chance of becoming involved in significant
15 and meaningful decision making activities in the life

16 which they experience, with a result of 1) drugs
17 become possibly a way, and perhaps a fraudulent way, to
18 attempt to transcend the meaninglessness of their ex-
19 perience and to obtain meaning through the kinds of
20 communities and the kinds of experiences which are
21 afforded by drug use.

22 All right, I will stop here, and let
23 Professor Buckner continue. This is only a very, very
24 brief skimming what you already have.

25 THE CHAIRMAN: Thank you, Dr. Mouledoux.
26 Professor Buckner?

27 PROFESSOR BUCKNER: Thank you. There
28 are -- I would like to make a preparatory comment. It
29 seems to me that one of the very crucial issues which
30 comes up repeatedly on research findings is that there

1 are always some contradictions between what reasearch,
2 what objective research finds, and what the user reports.
3 I think one way of looking at this would be to assume
4 that marijuana has a generally depressant effect in
5 that it makes the habitual reaction to the environment
6 somewhat more difficult, and because the habitual
7 reaction to the environment is more difficult, in order
8 to make any figure stand out above any ground, more
9 effort is required, and therefore, the figure stands
10 out in more sharp detail. And I would like to relate
11 that to several different areas which had a reaction
12 test to the limited reaction situations, to show that
13 users of marijuana have better reactions when they are
14 high, and yet no one would contend that marijuana users,
15 -- one might drive automobiles, but because, in general,
16 likewise communications on the whole may be less
17 effective, but when you do listen you listen to the
18 other person, therefore making their comments stand out
19 in greater clarity, in detail, for the short part.
20 And then, of course, this is interpreted by, subjectively,
21 as being more meaningful communication, but it wouldn't
22 show up on an objective study and I suggest the same
23 thing is true of creativity. That when a person focuses
24 on something under the influence of this general
25 depressant he focuses somewhat better, but that any
26 over-all measure will find the reverse is true because
27 it takes into account everything else.

28 I would like to not talk about the
29 problem so much, but I would like to look at some of
30 the gains that could be -- which could come from not

1 only the legalization of marijuana, but the creation
2 of a marijuana producing and marketing industry in
3 Canada.

4 I think that there are a number of
5 benefits that would accrue to practically every popu-
6 lation sector in Canada, which fall into several differ-
7 ent areas. By recognizing the fact that marijuana is
8 going to be used, whether legalized or not, certain
9 government policies will facilitate -- for the popu-
10 lation, other policies will not facilitate the benefit.
11 First, I would like to take the economic area. If the
12 production, manufacturing, and the distribution of mari-
13 juana were encouraged by the government through its
14 trade commissions, agricultural production and so on, it
15 will stimulant a new industry, bringing a great deal
16 more money for farmers on the prairies, others in the
17 provinces and many retailers. The growers producing
18 a consistent type of marijuana could put people in a
19 better export position, for people in other countries, and
20 export becomes more profitable. There would not only
21 be direct tax revenues which could be derived from tax
22 on marijuana, as well as ordinary other business taxes
23 on the industry, on this new industry which will be
24 created, but there will also be indirect tax benefits
25 in a number of different areas. One, the redirection
26 of police work in the protection of persons and property.
27 In an era of increasing crime, in the F.B.I. Part I,
28 category, homicide, forceful rape, burglary and auto
29 theft, it seems to me a frivolous waste of police
30 resources to use any of them on suppression of marijuana.

1 Another area of both social and economic aid would be
2 a gradual reduction of some of the social disasters
3 caused by any alcohol. Drunk arrests are the largest
4 single category of arrests by most metropolitan police
5 departments. In my experience as a police officer, I
6 came to have an extraordinary negative view of alcohol
7 because I found it to be involved in practically every
8 aspect of police work. Alcoholic admissions to emergency
9 psychiatric wards constitute one of the largest sources
10 of admissions to the wards. The cost of physical care
11 and suffering from alcoholism often must be borne by
12 the general public through taxes. Marijuana seems to
13 produce neither the psychological nor physical problems
14 which are usually associated with alcohol. Perhaps a
15 small portion of the tax revenues derived from the
16 marijuana industry could be set aside to deal with what-
17 ever problems, if any, turn out to be associated with
18 marijuana use. So, both local and national economic
19 progress could be stimulated by governmental action
20 designed to help to create a marijuana industry.

21 The second category of benefits, from
22 the legalization of marijuana, and its introduction into
23 our social lives, revolves around the other productive
24 uses of leisure which marijuana allows, doesn't cause,
25 but allows. It is commonly noted that under the in-
26 fluence of marijuana, people's time sense slows down,
27 and I think, subjectively, what this means is that they
28 think more things concretely in a given period of time,
29 they notice more separate things, as they think
30 a longer time is passed. The specific things that are

1 thought about, of course, vary from situation to situation,
2 but in conversations, very often they evolve from what
3 has been said by the other person. And I think the ease
4 in communications which this sometimes facilitates, on
5 the whole, you may not learn as much as you would in a
6 habitual way, while under the influence of marijuana,
7 but you might learn a number of specific things much
8 more clearly. I think that some of the ease of com-
9 munications can be inferred from things like the Wood-
10 stock Festival where there were a large number of people
11 using drugs and no particular criminal activity, or no
12 disturbance. The promotion of inter-personal communi-
13 cations can also lead to a certain amount of self-
14 analysis, certain amount of introspection, which could
15 allow a more straight forward and rational way of deal-
16 ing with the world. I wouldn't suggest that marijuana
17 is going to solve the problem of mental health, but I
18 don't think its impact will be negative, or as negative
19 as sometimes is suggested.

20 Continuous contact day in and day out
21 with the reality of our noisy, polluted, violent, urban
22 environment, leaves us each fatigued, and very often
23 unable to think of ways to better ourselves and better
24 our position. I think that it is only necessary to ask
25 when you last sat down and talked to one and under-
26 stood what they were saying, when last you had an
27 effective personal conversation, to see how much modern
28 life has made inter-personal communication very difficult.
29 And I think that sometimes it does happen, using mari-
30 juana.

1 Two consequences -- I wouldn't say
2 that it is -- the legalization -- creation of a mari-
3 juana industry will close the generation gap, but I
4 think it would provide one bridge between these two
5 distinct realities.

6 Another consequence, I think, about --
7 very quickly, acting to create a marijuana industry
8 would be to reduce the use of some other drugs, because
9 in general, it has been noted both here and at Berkeley,
10 when marijuana becomes difficult to obtain, people do
11 switch to other drugs, but it is generally the drug of
12 choice and people would probably not switch as much if
13 it were freely available.

14 A third consequence of Canada legal-
15 izing marijuana and making it into an industry would be
16 separate it from the polarization which is going on in
17 the United States. I think that Canada can show that
18 it's not necessary to have a war between generations,
19 it's not necessary to have riot squads in the streets,
20 or to have a quarter of the generation hating the police.
21 So to have a distinctive Canadian solution, trying
22 unity between diversity and the marijuana subculture
23 of the Canadian mosaic can follow the example of success-
24 ful unifying of different groups, each bearing their
25 own culture. I think we have a motto; all we require
26 is the will.

27 A fourth area in which I think
28 benefits would accrue is in relation to law enforcement.
29 If you talk about law enforcement, the only thing they
30 have against the police is the enforcement of narcotics

1 laws, and I think that when a large minority of the
2 generation is no longer outlawed, there will necessarily
3 be a reduction of tension between them and the police.

4 Now, I tried here to point out some
5 of the benefits that I think would accrue from the legal-
6 ization and the promotion of an industry that would be
7 involved in the production and distribution of marijuana
8 in Canada, but I think there are problems and everyone
9 has talked about the problems, and it seems to me that
10 in order to have some balance of perspective, we should
11 look at some of the benefits as I have tried to do
12 rather than look exclusively on what we see as problems
13 at the moment.

14 THE CHAIRMAN: Thank you, Professor
15 Buckner. I call now on Professor Carter.

16 DR. CARTER: Mr. Chairman, members of
17 the Commission, I do not have a brief to submit to you.
18 What I wish to do is call your attention on my inter-
19 pretation on materials I have read, not directly dealing
20 with therapeutic---

21 THE CHAIRMAN: Could you pull that
22 microphone a little closer to you?

23 DR. CARTER: Not dealing specifically
24 with the use of -- with the physical effects of drugs,
25 etc. I am a philosopher, and what I want to do, like
26 most philosophers, is not to deal with facts as much
27 as with interpretation. Let me begin by making one
28 point in response to the presentation made by the
29 doctors earlier on, which I think is relevant to what
30 I am going to say. Certainly, they are very right, but

1 in my experience, there are negative effects which
2 stem from the use of the hallucinogenic drugs in
3 general. I agree with the gentleman on my left that
4 there are also positive effects and it is those that I
5 wish to concentrate on in my presentation. What I do
6 want to say is, whether the effects are negative and
7 whether the effects are positive depends to an alarming
8 extent on the conditions surrounding the taking of the
9 drugs in the first instance. When I was at Harvard
10 University, two experiments were going on three miles
11 apart. At the Massachusetts General Hospital experiments
12 were going on with LSD. They were conducted in stainless
13 steel rooms, clinical corridors; people were told before
14 taking the drugs that they would likely have bad trips,
15 mild psychoses; no preparation was given beyond these
16 alarming words, and they were paid rather positive sums
17 to take part. I suppose it's not very strange that
18 everyone taking the drugs at the Massachusetts, had
19 in fact, mild psychosis, had bad trips. Three miles
20 away, Albert Leary was conducting his experiments with
21 LSD, and these took place in pleasant rooms;
22 tape recorders, music, were made available. The taking
23 of the drugs was prefaced by considerable attention
24 given to literature which might bring out more positive
25 effects of a religious and philosophical nature. They
26 were allowed to talk to people who had pleasant ex-
27 periences under the drug experience, and low and behold
28 rather than having had to ask that money be paid for
29 people who had to volunteer for such experimentation,
30 they were lined up for blocks each time in such ex-

1 periments, and surprisingly every (inaudible) , people
2 had positive experiences, religious experiences, the
3 experiences of philosophic insight, experiences of trans-
4 formation. One of the things, of course, that this says,
5 and it is a tremendous burden for you people, is that
6 the kinds of effects which stem from these drugs depend
7 a large measure on the conditions under which they are
8 taken, and the people made available for the taking of
9 these drugs. Obviously, this indicates the extreme
10 danger of the present black market situation, parti-
11 cularly as it affects marijuana. On the other hand,
12 it doesn't give you the answers you are looking for in
13 terms of what you do. Well, having said that, one other
14 point has to be made. The comments that I want to make
15 about -- and I'm going to make them very rapidly, about
16 the positive effects of the hallucinogens, suggest to
17 me what experimentation is going to have to be done with
18 human beings, primarily because I know of very few
19 animals, rats and mice, who have had mystical experiences,
20 who have ever had philosophical insight, and who have
21 ever been concerned with pedagogical interests, and in
22 general. And this is what I suggest comes out of our
23 conversations to come.

24 Back in 1963, I arranged for the first
25 public lecture that Professor Houston Smith, the professor
26 at the Massachussetts Institute of Technology, gave at
27 the University of Toronto. He attempted to work with
28 the religious import of drugs. He was quoted as having
29 said, in the Toronto paper -- his quoted material was
30 improperly quoted. I want to use this as a preface to

1 indicate more or less how I feel. "I wish to correct
2 a mis-statement," Houston Smith wrote, "concerning my
3 address on hallucinogenic drugs at the University of
4 Toronto last Monday, January 27th, 1963. I was quoted
5 in some quarters of the press as saying that these drugs
6 should be made more readily available. To make them
7 indiscriminately more readily available in the face of
8 the current evidence of their danger would be highly
9 irresponsible. My point was that there was also enough
10 evidence that they could benefit some persons in some
11 circumstances to make us hope that their custodians will
12 push on to discover to whom and under what conditions
13 they can be safely administered." And so with that
14 very sensible caution, I proceed, indicating that my
15 position is not at all unlike that.

16 What are some of the positive things
17 that have come out of LSD experimentation, the use of
18 marijuana, etc., from a religious and philosophic point
19 of view? The clinical and therapeutic advantages you
20 have already heard a great deal about; I simply mention
21 one particular aspect which seems interesting to me.
22 The North American Indians, members of the Native
23 American Church, have used, or had used peyote for many
24 years as part of their religious observance. The U.S.
25 Government made it an illegal act for them to use peyote
26 in their religious ceremonies and, of course, as we all
27 know, did a great deal to undermine their cultural
28 traditions in general. What's interesting, of course,
29 is that North American Indians are notorious for their
30 alcoholic tendencies. What is ^{of} interest, I think,

1 is that while peyote was being used consistently, there
2 was a saying among the North American Indians which I
3 enjoy quoting every time: "Peyote and alcohol do not
4 mix", which means that while peyote was being used, the
5 one thing that a self-respecting religious Indian would
6 not do is use alcohol. Obviously then, there are some
7 very strong effects which come from the use of substances
8 like peyote which do give a new perspective on life and
9 a new slant to human existence. Religious experience
10 is something that I have been interested in in my own
11 philosophical religious studies. Houston Smith has written
12 an article which Mr. Campbell is aware of, entitled,
13 "Do Drugs Have Religious Import". Houston Smith says
14 two major things in his article, I think. The first
15 is that it is literally impossible for a student of
16 religion to distinguish between some of the very best
17 experiences had under the influence of the hallucinogenic
18 drugs, and some of the best experiences which the great-
19 est religious leaders have had and which have been
20 recorded. I concur in their judgment. Secondly,
21 Houston Smith tells us that while religion is more than
22 simply having experience of a religious kind, it is
23 also practiced. Religions which have no religious
24 experience don't last very long, and he concludes his
25 article, "Paul Tillick might be right". This may be
26 the religious question of our century, for as we have
27 insisted, religion can't be acquainted with religious
28 experiences, nor, they cannot long survive their
29 absence. I am suggesting then that if some of the
30 positive experiences under hallucinogenic drugs are in

1 kind very much like religious experiences, then to that
2 extent they are as valuable as those deemed religious
3 experience and as positive those deemed religious ex-
4 perience.

5 Secondly, what is interesting about
6 some of the experiments which Savage and Jackson and
7 McLaughlin have done, which again Mr. Campbell is aware
8 of, is that they find these long lasting experiences
9 had, of a religious nature, long lasting effect. It
10 isn't simply that one has an experience while under the
11 drug. Twelve hours later it wears off and one goes back
12 to his own way of living. It is that somehow perspective
13 has emerged, an educational opportunity has been taken
14 advantage of, and a new outlook on life has come about.
15 This, I think, again, indicates the tremendous impor-
16 tance of both positive and negative effects, because
17 I think in both cases they can both be long lasting
18 through a man's entire life history.

19 Let me then simply point out very
20 briefly and with evidence that is readily available,
21 what I think the categories of positive experience are.
22 Genuine religious experiences which add meaning to life,
23 add a new perspective to life. Secondly, discovery.
24 One of the things that appears most important to me
25 about the discovery which takes place in almost any
26 field is that discovery can often, often, be seen to be
27 seeing of the unusual in a usual way or the gaining of
28 a new perspective. This is the sort of thing we all
29 knew about when we were children, we looked at a comic
30 book and there was a scrambled picture, and underneath

1 the picture we read, "Can you identify all twenty-three
2 faces in the trees, gnarled faces, part of the trunks
3 and part of the leaves?" And we said, "No, we can't",
4 but we looked and we found twelve, and we looked and we
5 found twenty, and eventually we found twenty-three. The
6 same forest, the same trees, but now a new perspective.

7 Many people in the philosophy of
8 science have noted how often people in one field make
9 discoveries in another field. Joseph Priestley, a
10 clergyman who was able to make a discovery, i.e. oxygen;
11 a new perspective being brought to an old subject.
12 Michael Pillonier, also mentions the fact that Einstein's
13 discovery of the theory of relativity is a theory without
14 a history, that Einstein's own particular perspective
15 doesn't seem to follow from anything, it seemed somehow
16 to be Einstein's own particular way of looking at facts
17 that had been around for many decades and indeed many
18 centuries, but somehow it is a new perspective which has
19 been brought to bear. I am suggesting that in the docu-
20 ments I have looked at and from the people that I have
21 talked to, they have had from their own personal points
22 of view, discovery patterns stemming from the use of
23 drugs.

24 THE CHAIRMAN: What is the connection
25 between Einstein's discovery and drugs?

26 DR. CARTER: Only that it is simply
27 the looking at old facts in a new way.

28 THE CHAIRMAN: Well, this is like the
29 definition of creativity. You could give an example
30 of creative genius, who did it without drugs, what is

1 the relevance of that.

2 DR. CARTER: Well, yes, I think this
3 is true. I would say that all examples of positive
4 advantages coming from drugs can be countered by positive
5 advantages coming not from drugs. I would take the
6 position that anything that drugs can do cannot be done
7 naturally. I would suggest, however, that things that
8 drugs can do, they can sometimes do much more quickly.
9 I would suggest that every man potentially can solve
10 his own psychological problems. Unfortunately, it might
11 take him forty years and he might blow his brains out
12 in the meantime, so he goes to a psychiatrist, but
13 potentially he can do it by himself. All I am suggesting
14 is that the same kinds of positive experiences that come
15 from therapy and the same kinds of positive experiences
16 which we call discovery can come from drug experiences.

17 THE CHAIRMAN: Do you know of any
18 great virtues that rank with Marx, Freud and Einstein
19 that were assisted by drugs?

20 DR. CARTER: None whatsoever at this
21 stage. I want to also suggest in this same connection,
22 that the kind of transformation which I called to your
23 attention in the articles I have mentioned by (Terrill)
24 and others, is exactly -- I say exactly the kind of
25 transformation which comes about in the classroom. The
26 people who have had drugs and who had positive experiences,
27 all of them, all of them who talk about these positive
28 experiences seem to suggest that they have been given a
29 new perspective on life and have seen new aspects of
30 themselves. They have had insight into the world and

1 their relation to it, and an insight into themselves.
2 All I want to suggest is that is exactly what I hope a
3 student is able to say to me after having been to
4 university or after having been to high school, that he
5 has somehow been enriched in meaning from his own point
6 of view and has had a transformation which he considers
7 to be a transformation of a positive sort. Or suggest
8 again, that while many students face many hours in the
9 classroom listening to dull professors, many students
10 have found this kind of insight through the taking of
11 drugs. Others by listening to music, others by simply
12 going with the girl of their choice.

13 Then let me sum up I would offer
14 that there is considerable evidence when the drugs
15 are of a positive nature, that there is educational,
16 religious, philosophical and valuable therapeutic
17 advantages stemming through them, and the final words
18 that I want to make are simply these -- I want to say,
19 are simply these, that in the fact of the kind of
20 evidence which I have just sketched out to you. It will
21 not do to say that the taking of drugs like LSD and
22 marijuana can only do harm. It will not do to simply
23 suggest that drugs lead to stronger drugs necessarily.
24 It will not do to suggest that drugs are unnatural or
25 dirty. It will not do to suggest that drugs simply put
26 a man out of his mind unless we want to say the same
27 sorts of things about religious men, philosophical men,
28 educationists, and generally. I simply want to conclude
29 then by saying that whatever we do with drugs, and I am
30 delighted that you people are doing this study I don't

1 know where I stand, it isn't enough to simply say that
2 these things are bad in the sense as I have said, because
3 the kids won't believe it and neither will anyone who
4 has ever^{had}/the drug in appropriate surrounding or who
5 has ever talked to anybody who has, and as the days go
6 on, these people are fewer and fewer.

7 THE CHAIRMAN: Thank you, Professor
8 Carter. Dr. Lehmann?

9 DR. LEHMANN: Professor Carter, you
10 just said that you have not quite decided on what to do
11 about it, but let me ask you this question; assuming that
12 all the evidence you brought, and it is acceptable, and
13 I would think it is, and you made the point that under
14 bad conditions and the wrong person takes it, the trips
15 will be bad. Now, this is not so if you listen to music.
16 Well, given then, that under bad conditions, the wrong
17 person taking it, it could be a dangerous and bad ex-
18 perience, or even physical, and given also the deplorable
19 fact that in this world, unfortunately, it is more
20 likely that people, if not supervised in the right way,
21 will be the wrong people, and taking the drugs under
22 wrong conditions, would you then say that the drugs
23 should be made available to everybody or, as it is the
24 case now, anybody could have a psychedelic experience
25 if he goes to a psychiatrist? There are certain drugs
26 which are not illegal to give, psilocybin and so on, so
27 he could have this experience, or would you feel that it
28 should be made freely available to anyone?

29 DR. CARTER: More than anything, I am
30 interested in seeing -- an even increased interest in

1 the research possibilities in the use of the drug. That
2 sounds like an easy academic way out, but it's only the
3 first thing that I want to say. I think that the kind
4 of research that has to go on is not simply of a physio-
5 logical sort, but is the kind of -- and a very difficult
6 sort of research which includes personality transforma-
7 tion, increase in creativity, philosophical insight,
8 a value re-structuring, etc., and this is very difficult
9 work to be done. I suggest this, however, has to be
10 done because the drugs will be one of the most significant
11 developments of this century. That's not the only com-
12 ment I want to make, because I think in the United States
13 joint research is legal, and yet the aura surrounding
14 drug research is not good. Some research has been done
15 on the research with drugs and where four or five years
16 ago there were dozens -- major research projects being
17 done on drugs -- one of my colleagues at (Brandeis)
18 University suggests there were four or five major uni-
19 versity projects going on. Not because it is illegal,
20 but a qualified academic doesn't get himself mixed up
21 in this sort of game. There is money available but you
22 are not sort of, involved in it. That's the first com-
23 ment. The second comment is that I myself am very
24 uneasy about LSD. I would not take LSD myself at present.
25 My third comment is that I am not very uneasy about
26 marijuana. Marijuana can give bad experiences, sure,
27 but it is called a mild psychedelic, and I know of no
28 instances where it has not been mild, either for good
29 or for evil. I would suggest, then, in terms of mari-
30 juana that probably it is less harmful than alcohol, or

1 at least, no more harmful. Probably it is no more
2 harmful than tobacco; probably it is no more harmful,
3 or, perhaps, less harmful than tranquillizers, and my
4 coup de grace is, probably, it is no more harmful than
5 a good teacher or very bad teacher.

6 THE CHAIRMAN: Well, I must now adjourn
7 this hearing until nine o'clock tomorrow, when we will
8 hear first, Dr. Malcolm Spector, who has been kind
9 enough to come back. I am sorry I made him wait so
10 long today. Dr. Cohen, from the University of Buffalo
11 will talk to us about the effects of LSD. Professor
12 Mark Nicherson, Chairman of the Department of Pharma-
13 cology and Therapeutics at McGill, representative of
14 the Pharmacy School of Quebec, and Drs. Unwin and
15 Solursh will be appearing in their private capacities
16 as psychiatrists.

17 Thank you very much.

18 --- Upon adjourning at 5:20 p.m.
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